## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F00000004780

1. Entity Name DENTAT LIMITED INC.



04-17-2003 90619 043 \*\*\*150.00

**FILED** 

Apr 17, 2003 8:00 am Secretary of State



Principal Place of Business Mailing Address 2655 LE JEUNE RD. STE 1107 2655 LE JEUNE RD. STE 1107 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 98-0336241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6...Name and Address of Current Registered Agent ... 7. Name and Address of New Registered Agent MIR. HECTOR J Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE RD, STE 1107 CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCTD** TITLE TITLE ☐ Change Addition ☐ Delete NAME MEYER, MARCELO R NAME 9312 WENTWORTH LANE STREET ADDRESS STREET ADDRESS PT. ST LUCIE FL CITY-ST-ZIP CITY-ST-ZIP **VSD** Addition TITLE ☐ Delete TITLE ☐ Change MEYER, SONIA A NAME NAME STREET ADDRESS 9312 WENTWORTH LANE STREET ADDRESS CITY-ST-ZIP PT. ST LUCIE FL CITY-ST-ZIP D TITLE Delete · Change - Addition MEYER. TATIANA NAME NAME STREET ADDRESS 9312 WENTWORTH LANE STREET ADDRESS PT. ST LUCIE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL E ☐ Change ☐ Addition MEYER, DENIS NAME NAME STREET ADDRESS 9312 WENTWORTH LANE STREET ADDRESS CITY-ST-ZIP PT. ST LUCIE FL CITY-ST-ZIP TITI F TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcelo R.T.Mever REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR