

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90028 014 ***150.00

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DOCUMENT # G99744

1. Entity Name
CARLOS O. FIALLO, D.D.S., P.A.



Principal Place of Business
**C/O CARLOS O. FIALLO, D.D.S.
2060 S.W. 27TH AVENUE
MIAMI FL 33145**

Mailing Address
**C/O CARLOS O. FIALLO, D.D.S.
2060 S.W. 27TH AVENUE
MIAMI FL 33145**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2442378**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FIALLO, CARLOS O., D.D.S.
2060 S.W. 27TH AVENUE
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV FIALLO, CARLOS O., DDS 2060 S.W. 27TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Carlos O. Fiallo* **RECORDED** **CARLOS O. FIALLO, DDS.** **7/11/03** **(305-448-7238)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PDV** Date Daytime Phone #

CR2E034 (4/03)

Attachment

90143787
899744

Carlos O. Fiallo D.D.S.

2060 S.W. 27th AVE.
MIAMI, FLA. 33145
OFF. 448-7238

July 11, 2003

Division of Corporations

~~P.O. Box 6327~~
Tallahassee, Fl 32314

Dear Sir:

This is the first notice I have received, as you can see from prior years I always sent payments on time. Since I did not received the first notice I understand that late charge should be waived.

Sincerely,



Carlos O. Fiallo, D.D.S.
PDV