2003 FOR PROFIT CORPORATION

H08048

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

R & A DENTAL TECHNOLOGY CORPORATION							1					
Principal Place of Business 13738 SW 12 STREET MIAMI FL 33184			13738	Mailing Address 13738 SW 12 STREET MIAMI FL 33184					. 10 111 1 1111 1 1111 1			
2. Principal P	Place of Busines	ss	3. Mail	3. Mailing Address			1					
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			\exists	CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FI	4. FEI Number 59-2522540 Applied For Not Applicable				
Zip Country		Zip	Zip Cour		try					3.75 Additional e Required		
6. Name and Address of Current Registered Agent							7. N	lame and Address of	New Registered	Agent		
						Name	·					
PEON,RICARDO PEON						Cheat Address (D.O. Day Nigother in Alex Address (D						
13738 SW					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL			•									
		1				City	. i.e.		FL	Zip Code		
	tions of registers	submits this statem red agent. Modeling the printed name of registered	EON) 		ed Office or registe		ent, or both, in the Stat		o -03		
FILE NOW!!!- FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Con	tribution.	Added	May Be	
10.	1-	OFFICERS	S AND DIRECTOR	******	11,		ADL	DITIONS/CHANGES T	O OFFICERS AND			
title Name Street address City~St-Zip	P PEON, RICA 13738 SW 1 MIAMI FL 33	12 STREET		☐ Delete						Change	☐ Addition	
TITLE (NAME STREET ADDRESS CITY-ST-ZIP	PEON, ANA 13738 SW 1 MAMIFL 33	12 STREET		☐ Delete			-			Change	Addition	
title Name Street address"				☐ Delete	TITLE NAME STRE	l l				☐ Change	Addition	
CITY-ST-ZIP	l				CITY	-ST-ZIP	:	<u></u> .				
NAME STREET ADDRESS				☐ Delete		E ET ADDRESS	• • • • •			☐ Change	Addition	
CITY-ST-ZIP	<u> </u>				CITY	-ST-ZIP				<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete		ſ			_	☐ Change	☐ Addition	
TITLE				☐ Delete	TITLE				_	☐ Change	☐ 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 distent 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: x

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Apr 25, 2003 8:00 am § Secretary of State

FILED

04-25-2003 90304 006 ***150.00