

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22395

1. Entity Name

FIX-A-DENT, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90008 004 ***150.00

644647



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9380 N.W. 18 DRIVE PLANTATION FL 33322 US	PO BOX 661084 SACRAMENTO CA 95866 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1408
City & State	City & State Fair Oaks, CA
Zip	Country
95628	

4. FEI Number	59-2694038	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
AZTIAZARAIN, M. AMPARO 9380 NW 18 DRIVE PLANTATION FL 33322

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PDT
NAME	AZTIAZARAIN, MARIA A.
STREET ADDRESS	9380 N.W. 18 DRIVE
CITY-ST-ZIP	PLANTATION FL
TITLE	VD
NAME	AZTIAZARAIN, ENRIQUE E.
STREET ADDRESS	9380 N.W. 18 DRIVE
CITY-ST-ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01 (916) 536-9096

CR2E034 (10/00)