

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 43124 3

1. Entity Name

Miami Dents, Inc.

FILED

01 MAY -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

501 Three Island Blvd. #303
Hallandale, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2000-2001 UBR

4. FEI Number

05-0000242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Natalia Balderrama
501 Three Island Blvd. #303
Hallandale, FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$

After MAY 15, 2001 FEE \$

Make Check payable to

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Natalia Balderrama 501 Three Island Blvd. #303 Hallandale, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201-25-AR 10.00-ARART 88.75-ARslup	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004430746--4 -06/19/01--01110--005 ****300.00 ****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Natalia Balderrama

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-27-01



PURITZ & WEINTRAUB, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Lauren S. Puritz, C.P.A.
Tracy D. Weintraub, C.P.A.

April 27, 2001

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

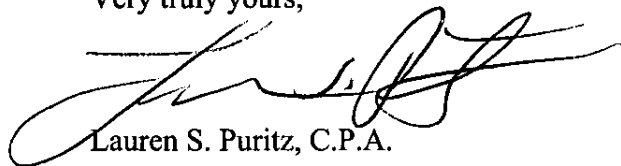
Re: Miami Dents, Inc.
Document #: J431243
FEIN: 65-0000242

Gentlemen,

In researching our files and contacting your office we find that your office never received a Uniform Business Report for the year 2000. Per our conversation with Mr. Tyrone in your department we are hereby enclosing a Uniform Business Report for year 2001 with a check for \$300.00. Please apply \$150.00 to each year.

We respectfully request that you reinstate the corporation to active status and do not assess any late fee or delinquency fees due to *reasonable cause*. Our client travels outside of the United States for 6 to 8 months per year and some of last years correspondence was misplaced. Your help in this manner would be greatly appreciated.

Very truly yours,



Lauren S. Puritz, C.P.A.