

FROM : OFFICE

FAX NO. : 3055538628

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91326 050 ***150.00

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

DOCUMENT # K72432
1. Entity Name

Coral Way Dental Center, Inc

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2. Principal Place of Business <u>9644 SW 24 ST</u> Suite, Apt. #, etc.		3. Mailing Address <u>9644 SW 24 ST</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33165</u>	Country <u>USA</u>	Zip <u>33165</u>	Country <u>USA</u>

4. FEI Number <u>65-0110125</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name <u>BACZ Yolanda E</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>9644 SW 24 ST</u>	
City <u>MIAMI</u>	FL Zip Code <u>33165</u>

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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 _____ DATE _____	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>D/P/S/T Bacz Yolanda E 9644 SW 24 ST MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like information.

SIGNATURE: [Signature] Y Bacz 4/30/02 (305) 227-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR