2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trust changed, or on an attachment with all a

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

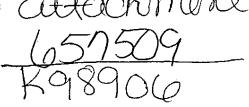
SIGNATURE:

May 17, 2001 8:00 am Secretary of State **DOCUMENT # K98906** 1. Entity Name 05-17-2001 91310 042 ***150.00 RAFAEL J. VALDES, D.D.S., P.A. Principal Place of Business Mailing Address % RAFAEL J. VALDES % RAFAEL J. VALDES 10543 SW 109 CT 10543 SW 109 CT MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0128811 Not Applicable Zip Country Country_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, RAFAEL J. Street Address (P.O. Box Number is Not Acceptable) 12471 SW 99 ST MIAMI FL 33186 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change VALDES, RAFAEL J. NAME NAME 10543 SW 109 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ → Change → ■ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reports 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 trustle 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 application of the receiver or trustle empowered. 13. I hereby certify that the information supplied

Daytime Phone #

LOPEZ LEVI & ASSOCIATES, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS



May 8, 2001

Florida Department of State Division of Corporations

RE: Rafael J. Valdes, D.D.S. P.A.

To whom it may concern:

Let it be known that the above taxpayer was on vacation during the better part of April 2001. When he came back to the office, his administrative assistant was sick and a lot of the billings and clerical work had to be done by him, therefore leaving some bills unpaid.

It is for these reasons, that I kindly request that the late filing fee for the annual report be abated and accept the regular fee. The taxpayer has always acted in good faith regarding payment of the annual report.

Your help is greatly appreciated.

Sincerely,

Valentin Lopez