2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001059

1. Entity Name
DEL AMO & MELLADO, L.L.C.

FILED
01 JAN 29 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1800 WEST 49TH STREET. SUITE 105 HIALEAH FL 33012	1800 WEST 49TH STREET. SUITE 105 HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
1800 W. 49st #105	1800 W. 49street
Suite, Apt. #, etc. #105	Suite, Apt #, etc. #105
City & State Hialeah Fl.	City & State Hialeah Florida
Zip 33012 Country Dade	Zip 33012 Country Dade

4. FEI Number TIN# 650975547 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE AMO, CARLOS C
201 SEVILLA AVE., STE. 202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Carlos C. del Amo
Street Address (P.O. Box Number is Not Acceptable) 201 Sevilla Ave #202
City Coral Gables FL Zip Code 33134

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ramiro E. del Amo D.M.D. 1800 W. 49st #105 Hialeah, Fl. 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jose R. Mellado, D.M.D. 1800 W. 49st #105 Hialeah, Fl. 33012	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003632043--7 -02/05/01--01013--003 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE REQUIRED   1/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)