

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90080 029 ****50.00

DOCUMENT # L01000002857

1. Entity Name

APRIL DENTAL SERVICES, LLC

Principal Place of Business

**16485 COLLINS AVE.
APT. #2336
MIAMI BEACH FL 33160**

Mailing Address

**16485 COLLINS AVE.
APT. #2336
MIAMI BEACH FL 33160**

2. Principal Place of Business

15645 COLLINS AVE

Suite, Apt. #, etc.

#603

3. Mailing Address

15645 COLLINS AVE

Suite, Apt. #, etc.

#603

City & State

SUNNY ISLAND BEACH FL

City & State

SUNNY ISLAND BEACH FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEJ Number

65-1079814

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOVAR, ILEANA ARIAS ESQ.
990 STIRLING ROAD SUITE 218
THE CENTRE BUILDING
COOPER CITY FL**

7. Name and Address of New Registered Agent

Name **MELBA B MAZZIOTTA**

Street Address (P.O. Box Number is Not Acceptable)

15645 COLLINS AVE

APT # 603

City

SUNNY ISLAND BEACH

FL

Zip Code

33160

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **MAZZIOTTA, MELBA B**
STREET ADDRESS **16485 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE **MGR** ☐ Delete
NAME **ACUNA, LILIAN E**
STREET ADDRESS **16485 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MEMBER
MELBA B. MAZZIOTTA**

(305) 9484 706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)