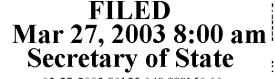
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR L90506 DOCUMENT # 1. Entity Name ALINA CASTELLANOS, D.D.S., P.A.



03-27-2003 90123 049 ***150.00

• • •						
Principal Place of Business 4186 W 12 AVENUE HIALEAH FL 33012 US		Mailing Address 14837 BALGOWAN RD #204 MIAMI FL 33016 US				
2. Principal Place of Business		3. Mailing Address		1 I LOURIDH I BAU LUAN BURN UTAN KUNIK UNA UTAN UTAN I .	1811 ULDI4 BEBII BISII BIBII 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0208027	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	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		
CASTELLANOS, ALINA				Name Street Address (P.O. Box Number is Not Acceptable)		
14837 BALGONAN RD						
#204						
MIAMI FL 33016			City	FI	Zip Code	
The above named entithe obligations of regis		or the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept

8. Th th **SIGNATURE**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

10. OFFICERS AND DIRECTORS 11. 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F TITLE ☐ Change ☐ Delete CASTELLANOS, ALINA NAME NAME 14837 BALGONAN RD #204 STREET ADDRESS STREET ADDRESS MIAMI FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a ther like empowered

SIGNATURE: