

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90430 005 \*\*\*150.00

0086942

**DOCUMENT # M14436**

1. Entity Name  
**HIALEAH-MIAMI LAKES DENTAL HEALTH CENTER, P.A.-I**  
 PA II

Principal Place of Business <b>15450 NEW BARN RD.          SUITE 101          MIAMI LAKES FL 33014          US</b>	Mailing Address <b>15450 NEW BARN RD.          SUITE 101          MIAMI LAKES FL 33014          US</b>
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**0005584C**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2538168</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHASE, ALAN R.  
 9400 S. DADELAND BLVD., SUITE 600  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name  
**ERRO, JUAN C.**

Street Address (P.O. Box Number is Not Acceptable)  
**935 W. 49TH STREET SUITE 101**

City  
**HIALEAH** FL. Zip Code  
**33012**

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]* (NOTE: Registered Agent's signature required when reinstating) DATE *4-24-01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFMAN, BERNARD 15450 NEW BARN RD. SUITE 101 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOOTIN, JOHN V. 935 W 49 ST STE 101 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ERRO, JUAN C 935 W. 49TH STREET SUITE 101 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *4-24-01* DAYTIME PHONE # **305-557-7775**

CR2E034 (10/00)