

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35324

1. Entity Name
SERGIO O. JACINTO, D.D.S. & SANTIAGO J. JACINTO,

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 025 ***150.00

Principal Place of Business
330 SW 27TH AVE. #704
MIAMI FL 33135

Mailing Address
330 SW 27TH AVE. #704
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FID Number 59-2713272

Applied For
Not Applicable

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

SANTIAGO, JACINTO J.
330 SW 27TH AVENUE STE. 704
1850 SW 8TH ST
MIAMI FL 33135

Name

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

City

FL

Zip Code

8. The above named entity contains this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

File Off: Morph and Amend signatures required when this filed.

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirements and is not delinquent
(Place "X" in either box)

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
Direct Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDRESSES/CHARGES TO OFFICERS AND DIRECTORS IF FL	
NAME	DP SANTIAGO, JACINTO J. DDS 330 SW. 27TH AVENUE, SUITE 704 MIAMI FL	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add
NAME	☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add
NAME	☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add
NAME	☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add
NAME	☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add
NAME	☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement 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 this corporation or the receiver or trustee empowered to execute that report as required by Chapter 697, Florida Statutes, and that my name appears in Block 11 or Block 12, changed, or on an attachment with an amendment.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO J. JACINTO 4/29/02 305-643-4770

DATE

Original Filed At