## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M59747** HORTENSIA B. GOMEZ, D.D.S., P.A. Mailing Address Principal Place of Business HORTENSIA.B GOMEZ C/O HORTENSIA B. GOMEZ 11944 SW 8TH ST 11960 S.W. 8 ST. MIAMI FL 33184 MIAMI FL 33184-1672 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent Name

GOMEZ, HORTENSIA B.

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

11960 S.W. 8 ST. **MIAMI FL 33184** 

SIGNATURE

**SIGNATURE:** 

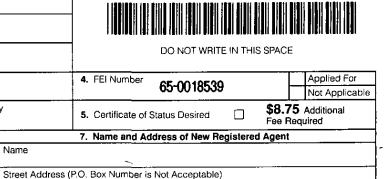
## **FILED** Mar 24, 2000 8:00 am Secretary of State

03-24-2000 90068 038 \*\*\*150.00

00045063

Zip Code

FL



City 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.

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.  After N		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		ate	<b>10.</b> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
		RECTORS	<b>12</b> . A		ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	$\square$ _
TITLE NAME Street Address City-St-Zip	D Gomez, Hortensia B. 11960 S.W. 8 St. Miami Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	☐ Addition	CR2E034 (9/99)
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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.

(NOTE: Registered Agent signature required when reinstating)