2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am DOCUMENT # M92649 **Secretary of State** REINOL A. GONZALEZ, D.M.D., P.A. 03-24-2000 90082 043 ***150.00 Mailing Address Principal Place of Business 9240 SUNSET DR STE 115 9240 SUNSET DR STE 115 33173 33283-1328 33173 33173-3262 2. Principal Place of Busines 3. Mailing Address SW 148 AVE 4849 SW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State . 4. FEI Number City & State 65-0076329 aUIP Not Applicable Davie \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DWD GONZALEZ, REINOL A Street Address (P.O. Box Number is Not 6738 S W 104TH AVE **MIAMI FL 33173** City urpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. [11. Change ☐ De¹ete TIT! F TITLE De la Iglesia, Martha 4849 SW 1484VP DE LA IGLESIA, MARTHA E. NAME NAME 6768 SOUTHWEST 104 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change PD ☐ Addition ☐ De!ete TITLE TITLE GONZALEZ, REINOL A. NAME NAME 4849 SW 148 AVR 6768 SOUTHWEST 104 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition ☐ Change Delete TITLE TITLE BARROS, JOSE F. NAME STREET ADDRESS **5825 BLUE ROAD** STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MIAMI-FL --☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this king 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 11 or Block 12 if SIGNATURE: