

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90131 049 ****61.25

979201

DO NOT WRITE IN THIS SPACE

DOCUMENT # N000000008124

1. Entity Name
Aruba Dental Care, Inc

Principal Place of Business
222 W. N.W. 27th Ave
Miami, FL 33135

Mailing Address
20335 W Country Cl Dr
Aventura, FL 33180

2. Principal Place of Business
20335 W Country Cl Dr
Aventura, FL 33180

3. Mailing Address
20335 W Country Cl Dr
Aventura, FL 33180

4. FEI Number
65-1060460

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Spiegel & Utrera, PA
343 Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Spiegel & Utrera, PA
343 Almeria Avenue
Coral Gables, FL 33134

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Norberto Hernandez</u> <u>1235 SW 27th Ave</u> <u>Miami, FL 33135</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Nora Bazzano</u> <u>20335 W Country Cl Dr #907</u> <u>Aventura, FL 33180</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Doris Arnold</u> <u>1845 SW 11th St</u> <u>Miami, FL 33169</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norberto Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9-12-01 **Daytime Phone #:** 305 9351381

CR25037 (11/00)