

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14138

1. Entity Name

THE DADE DENTAL STUDY CLUB, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

03-03-2000 90041 049 ****61.25

Principal Place of Business

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI FL 33125

Mailing Address

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0121194

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

MADONADO, JACOB D.
525 NW 27 AVENUE
MIAMI FL 33125

Name

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

City

FL

Zip Code

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME MORAD, VIVIAN DDS
STREET ADDRESS 9100 CORA WY
CITY-ST-ZIP MIAMI FL 33165

TITLE ☒ Change ☒ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☒ Delete
NAME PD
NAME INTERIAN, CARLOS
STREET ADDRESS 951 SW 42 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☒ Addition
NAME PRESIDENT (P)
NAME LUIS RODRIGUEZ
STREET ADDRESS 36 WEST WARD DRIVE
CITY-ST-ZIP MIAMI SPRING FL 33166

TITLE ☒ Delete
NAME PD
NAME DOMINQUEZ, ORLANDO
STREET ADDRESS 9280 S.W. 150 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☐ Delete
NAME BLANCO, JORGE R. DDS
STREET ADDRESS 7400 N KENDAL DR, STE 606
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☒ Delete
NAME P
NAME ROZEN, HENRY D.M.D.
STREET ADDRESS 1800 W 49TH ST
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☐ Delete
NAME DEL CASTILLO, ROBERT A
STREET ADDRESS 6600 COW PEN RD
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00 305-642-0450
Day Daytime Phone #

CR2E037 (5/00)

DOC # N14158

18949

GUARDIAN SAFETY 2 CLAWK AMERICAN BA



DADE DENTAL STUDY CLUB

0024952 1478

63-198170

PAY
TO THE
ORDER OF



007
18320 Northwest 57th Avenue
Hialeah, Florida 33014

Florida Department of State

Feb 8 2000

\$ 61.25

DOLLARS

FOR

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY

ACCT# 1009068796

FEB 22 2000

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