

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90015 043 \*\*\*\*61.25

**DOCUMENT # N14138**

1. Entity Name

**THE DADE DENTAL STUDY CLUB, INC.**

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**

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

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **NORMA VICTORE DMD**  
 STREET ADDRESS **285 W 44 St**  
 CITY-ST-ZIP **HAIALEAH, FL 33012**

TITLE **P** ☐ Delete  
 NAME **RODRIGUEZ, LUIS**  
 STREET ADDRESS **36 WEST WARD DRIVE**  
 CITY-ST-ZIP **MIAMI SPRING FL 33166**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JACOB D. MALDONADO**  
 STREET ADDRESS **525 NW 27 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33125**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/02/01**

**305-642-6450**

Date

Daytime Phone #

CR2E037 (10/00)