

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90386 018 ****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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME FOLPAY, ZOILA
STREET ADDRESS 14762 SW 56ST
CITY-ST-ZIP MIAMI FL 33185

TITLE ☒ Delete
NAME DE CARDENAS, ALBERTO
STREET ADDRESS 5376 W 16 AVE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME MALDONADO, JACOB D
STREET ADDRESS 525 N W 27 AVE
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME VICTORE, NORMA DMD
STREET ADDRESS 285 W 49 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ Delete
NAME CHATANI DMD, MARIA V
STREET ADDRESS 11401 PINES BLVD STE 220
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS VIVIAN DE LA CAMARA
CITY-ST-ZIP 11 N ROYAL POINCIANA-Suite 200

TITLE ☐ Change ☐ Addition
NAME MIAMI SPRING, FL
STREET ADDRESS 33166
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS ALBERT LUCAS
CITY-ST-ZIP 10056 PINES BLVD
PEMBROKE PINES, FL 33024

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

TITLE ☐ Change ☐ Addition
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:

Jacob D. Maldonado - JACOB D. MALDONADO 3/30/04 305-642-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #