

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90256 029 \*\*\*\*66.25

**DOCUMENT # N31509**

1. Entity Name

**LATIN AMERICAN ACADEMY OF OSEOINTEGRATED DENTAL**

Principal Place of Business

Mailing Address

C/O CESAR L. SABATES  
 1870 CORAL WAY  
 MIAMI FL 33145

C/O CESAR L. SABATES  
 1870 CORAL WAY  
 MIAMI FL 33145

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

**65-0109569**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABATES, CESAR L.**  
**1870 CORAL WAY**  
**MIAMI FL 33145**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SAGATES, CESAR L</b><br><b>1870 CORAL WAY</b><br><b>MIAMI FL</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>SABATES, CESAR R.</b><br><b>747 PONCE DE LEON BLVD. SUITE 609</b><br><b>CORAL GABLES FL</b>                      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><del><b>SANCHEZ, PEDRO M</b></del><br><del><b>10550 NW 77 CT #220</b></del><br><del><b>HIALEAH GARDENS FL</b></del> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>BAJVELO, OSVALDO</b><br><b>8000 W FLAGLER ST #204</b><br><b>MIAMI FL</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>GONZALEZ PAUL C</b><br><b>8560 W FLAGLER ST</b><br><b>SUITE B-209</b><br><b>MIAMI FL 33144</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 20/2001* *305-266-5222*  
 Date Daytime Phone #

CR2E037 (10/00)