

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0023923

04-15-2002 90026 036 *****70.00

DOCUMENT # N31509

1. Entity Name

**LATIN AMERICAN ACADEMY OF OSEINTEGRATED DENTAL
 IMPLANTS (L.A.O.D.I.) INC.**

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	D	<input type="checkbox"/> Delete
NAME	SAGATES, CESAR L	
STREET ADDRESS	1870 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SABATES, CESAR R.	
STREET ADDRESS	747 PONCE DE LEON BLVD. SUITE 609	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAUL C	
STREET ADDRESS	8500 W FLAGLER STREET STE B-209	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAJVELO, OSVALDO	
STREET ADDRESS	8000 W FLAGLER ST #204	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARDENAS CARLOS M	
STREET ADDRESS	10500 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLADARES JORGE L	
STREET ADDRESS	8260 W FLAGLER	
CITY-ST-ZIP	SUITE 1-F MIAMI FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

MARCH 29/02 305-266-5222
 305-551-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)