

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90002 005 *****70.00

0020678

DOCUMENT # N93000000545

1. Entity Name

NICARAGUAN AMERICAN DENTAL ASSOCIATION, (N.A.D.A.) INC.

Principal Place of Business

Mailing Address

**5771 NORTHWEST 7TH STREET
 MIAMI FL 33126**

**5771 NORTHWEST 7TH STREET
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

1006 S.W. 118 Ct.

1006 S.W. 118 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida.

City & State

Miami, Florida.

4. FEI Number

65-0360025

Applied For

Not Applicable

Zip

Country

33184-2549

USA.

Zip

Country

33184-2549

USA.

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

**MARTINEZ, JOSE M DDS
 5771 NORTHWEST 7TH STREET
 MIAMI FL 33126**

Name **MARTINEZ, JOSE M. DDS.**

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

1006 S.W. 118 Ct.

City **Miami,**

FL

Zip Code

33184-2549

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

02/03/02

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**

DIRECCIONAL

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MARTINEZ D.D.S., JOSE MARIA**
 STREET ADDRESS **5771 N.W. 7 ST.**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Change ☐ Addition
 NAME **MARTINEZ D.D.S., JOSE MARIA.**
 STREET ADDRESS **1006 S.W. 118 Ct**
 CITY-ST-ZIP **Miami, Florida. 33184-2549**

TITLE **D** ☐ Delete
 NAME **NAVAS, ROBERTO D.D.S.**
 STREET ADDRESS **8260 W FLAGLER ST STE 1B**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **D** ☐ Delete
 NAME **VALENCIA, ALBERTO D.D.S.**
 STREET ADDRESS **9885 NORTH KENDALL DR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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

02/03/02

CR2E037 (9/01)