

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91200 024 ***150.00

DOCUMENT # **P0000000 2183**

1. Entity Name

Miami Shores Dental Group, Inc

DO NOT WRITE IN THIS SPACE

B0124175

2. Principal Place of Business

9101 PARK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

9101 PARK DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Shores FL

City & State

Miami Shores FL

4. FEI Number

65-0971726

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Angel GARCIA**

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

9101 PARK DRIVE

City

Miami Shores

FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

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 in printed characters and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**P/S/T
Angel GARCIA
9101 PARK DRIVE
Miami Shores, FL 33138**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

**PD
CK # 3790**

13. 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. GARCIA

5/16/02

305-754-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER