

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005823

1. Entity Name
FERREL DENTAL GROUP, P.A.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90002 006 ***150.00

Principal Place of Business

5589 SW 8 STREET
MIAMI FL 33134

Mailing Address

5589 SW 8 STREET
MIAMI FL 33134

2. Principal Place of Business

16363 NW 67 AVE
Suite, Apt. #, etc.

3. Mailing Address

16363 NW 67 AVENUE
Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

Zip

33014

Country

4. FEI Number

65-0973910

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

FERREL, SORAIDA M
5589 SW 8 STREET
MIAMI FL 33134

Name

SORAIDA FERREL

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

16363 NW 67 AVENUE

City

MIAMI LAKES

FL

Zip Code
33014

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERREL, SORAIDA M
5589 SW 8 STREET
MIAMI FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPUPST
FERREL SORAIDA
16363 NW 67 AVE
MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Soraida L. Ferrel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-01

Date

305-821-2233

Daytime Phone #

CR2E034 (10/00)