

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

0247059 AV

04-16-2003 90245 011 ***150.00

DOCUMENT # P00000006847



1. Entity Name
JESCA DENTAL CENTER, INC.

Principal Place of Business
**2400 NW 54TH ST
SUITE 101
MIAMI FL 33142**

Mailing Address
**2400 NW 54TH ST
SUITE 101
MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0984517**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**OCHOTORENA, JORGE
6010 SW 93RD COURT
MIAMI FL 33142**

Name **Lorenzo Puentes DDS**

Street Address (P.O. Box Number is Not Acceptable)
2400 NW 54th

City **Miami** **FL** Zip Code **33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jorge Ochotorena DDS**
Signature, typed or printed name of registered agent and title if applicable.

Lorenzo Puentes DDS
(NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|-----------------------------------------------------|
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | OCHOTOLENA, JORGE |
| STREET ADDRESS | 6010 SW 93RD COURT |
| CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | CREGO, PIERRE |
| STREET ADDRESS | 5601 COLLINS AVE PH 14 |
| CITY-ST-ZIP | MIAMI FL 33140 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | ASUSTA, TOMAS J |
| STREET ADDRESS | 721 NW 21ST CT |
| CITY-ST-ZIP | MIAMI FL 33125 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|----------------------------------------------------------------------------------------------|
| TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lorenzo Puentes DDS |
| STREET ADDRESS | 2400 NW 54th |
| CITY-ST-ZIP | Miami, FL 33142 |
| 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 607, 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: **Jorge Ochotorena**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

305.6422345
Daytime Phone #

CR2E034 (10/02)