

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED REPORT

DOCUMENT # P00000023926

1. Entity Name

SCRATCH & DENTS.COM, INC.

FILED

01 MAY 21 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8905 SW 129 TERRACE
MIAMI FL 33176

Mailing Address
8905 SW 129 TERRACE
MIAMI FL 33176

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

65-0989118

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

CARR, ALEJANDRO
8905 SW 129 TERRACE
MIAMI FL 33176

Name
ITURRALDE, LEONEL A.
Street Address (P.O. Box Number is Not Acceptable)
8905 SW 129 TERRACE
City MIAMI FL Zip Code 33176

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 X

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 D
NAME ITURRALDE, LEONEL A.
STREET ADDRESS 8905 SW 129 TERRACE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE DPVST
NAME ITURRALDE, LEONEL A.
STREET ADDRESS 8905 SW 129 TERRACE
CITY-ST-ZIP MIAMI FL 33176 ☒ Change ☐ Addition

TITLE DP
NAME CERT, ALEJANDRO
STREET ADDRESS 8905 SW 129 TERRACE
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 info empowered.

SIGNATURE: X

LEONEL A. ITURRALDE DIR.

5/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)