

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90002 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053351			
1. Entity Name Enrique Romeu, D.M.D., P.A. (A)			
Principal Place of Business 10415 Old St. Augustine Rd. Jacksonville, FL 32257		Mailing Address same	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. FEI Number 59-3644709	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Enrique Romeu 12300 Mandarin Rd. Jacksonville, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable (MULTIPLE signatures required when applicable) name</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President & Director Enrique Romeu 12300 Mandarin Rd. Jacksonville, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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 or without power of attorney.			
SIGNATURE: <i>Enrique Romeu</i>		Enrique Romeu 6-11-01 904-262-9464	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

A0074355

DO NOT WRITE IN THIS SPACE

CR2E03A (11/00)

Attachment
DH#000005335
A0074355

E. HENRY ROMEU, D.M.D.

General Dentistry

Uniform Business Report
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302

June 11, 2001

Dear Sirs,

Enclosed is our Uniform Business Report, with our payment of \$150.00 for the year 2001.

This corporation was first incorporated on May 24, 2000, and we are very unfamiliar with the requirement to file this report every year; this is the first year we were obligated to file.

We did not receive a form in the mail, and are filing on a blank form, which we received through the aid of our accountant. Since this was our first requirement to file, and we never received a form in the mail, would it be possible to waive the late fee, and accept our payment of \$150.00 as payment of the fee?

We would appreciate that action very much, and thank you in advance for your assistance. We will be prompt in complying with the payment of this fee in the future.

Sincerely,



Enrique Romeu, D.M.D.
President