2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 20, 2001 8:00 am DOCUMENT # P 000000 66731 Secretary of State 1. Entity Name First Impressions Dental Arts, Inc. 06-20-2001 90009 014 ***150.00 Principal Place of Business Mailing Address (same) 7210 Red Road #220 C0071587 South Miami, FL. 33143 2. Principal Place of Business 3. Mailing Address (same) 7210 Red Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #220 City & State South Miami, FL Applied For 4. FEI Number 65–1027012 City & State Not Applicable ^Z33143 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jackson Martin Felix Perez 7210 Red Road #219 Street Address (P.O. B. 2425 SW 188 Street South Miami, FL 33143 Miami, FL. 33177 City Zig Goden 7 Miami Jubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 6/1/01 SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This dorperation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (11/00) TITLE X Change Addition TITLE President ☐ Delete President NAME NAME Jackson Martin Jackson Martin STREET ADDRESS STREET ADDRESS 7210 Red Road #220 12425 SW 188 St, Miami, FL 33177 CITY-ST-ZIP CITY-ST-ZIP S.Miami, FL. 33143 Change ☐ Addition TITLE Delete TITLE Secretary & Vice-Pres. Secretary & Vice President NAME NAME Felix Perez Jani Jaimez STREET ADDRESS STREET ADDRESS 7210 Red Road #220, S.Miami,FL 12425 SW 188 St, Miami, FL 33177 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 distance 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.

6/1/01

305-668-4665

Daytime Phone #