

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2008 8:00 am
Secretary of State

01-24-2008 90042 005 ***150.00

DOCUMENT # P00000072746 1. Entity Name PEDRO A BELAUNZARAN DDS PA					
Principal Place of Business 8130 W. WATERS AVENUE SUITE 200-B TAMPA, FL 33615			Mailing Address 8130 W. WATERS AVENUE SUITE 200-B TAMPA, FL 33615		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3656594	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BELAUNZARAN, PEDRO A 8130 W. WATERS AVENUE SUITE 200-B TAMPA, FL 33615				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when remaining) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELAUNZARAN, PEDRO A 8130 W. WATERS AVENUE, SUITE 200-B TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELAUNZARAN, GERTRUDIS 8130 W. WATERS AVENUE, SUITE 200-B TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PEDRO A. BELAUNZARAN 2/27/08 (813) 7821219 Date Daytime Phone #			

66001977



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