

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**  
 05-29-2001 90014 050 \*\*\*150.00

0113574

**DOCUMENT # P00000074268**

1. Entity Name

**MARILYN I. PALACIOS, DMD, PA**

Principal Place of Business

10711 N SARATOGA DR  
 COOPER CITY FL 33026

Mailing Address

10711 N SARATOGA DR  
 COOPER CITY FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1030484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PALACIOS, MARILYN I**  
**10711 N SARATOGA DR**  
**COOPER CITY FL 33026**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT 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**  
**After MAY 1, 2001 Fee IS \$150.00**  
**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

TITLE **PD** ☐ Delete  
 NAME **PALACIOS, MARILYN I**  
 STREET ADDRESS **10711 N SARATOGA DR**  
 CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # P00000074268  
77/851

May 25, 2001

To: Division Of Corp  
Uniform Business Report Filings

From: Dr. Marilyn I. Palacios  
10711 N. Saratoga Drive.  
Cooper City, Fl. 33026

To: Whom it may concern:

Early Tuesday, May 01, 2001 I placed the correspondence for the mailman to pick inside my mailbox. Last night when I came home to check my mail there was four pieces of my mail. (These including my cell phone, my husband's insurance, my cable, & this envelope in this poor condition.)

I went to the post office of my area and they stated there was nothing they could do. I called this morning and spoke to Robert who told me not to worry to print a new form and mail this as it was. I was trying to print the new form via internet but unable to. My accountant was not available to do it either. I'm sending it today as Robert said with this letter and just as I found it. Robert told me I wouldn't be penalized.

Sincerely,

  
Dr. Marilyn I. Palacios