

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000090752

1. Entity Name

TECNODENT 508, CORP.



DO NOT WRITE IN THIS SPACE

10061263

2. Principal Place of Business
2588 SW 27TH AVE.

Suite, Apt. #, etc.

3. Mailing Address
2588 SW 27TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 651094941

Applied For
Not Applicable

Zip
33133

Country
U.S.

Zip
33133

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name- ANTONIO GARCIA

Street Address (P.O. Box Number is Not Acceptable)

2588 SW 27TH AVE.

City MIAMI,

FL

Zip Code
33133

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 signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GADEA, ARIEL
2588 SW 27TH AVE. MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GONZALEZ, GLADIS MARIA
2588 SW 27TH AVE. MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 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 #

CR030345 (12/02)