## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P00000091303

1. Entity Name

BOUNCING WORLD DENTAL



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90217 033 \*\*\*150.00

BOUNC	ing world rental, in	C.							
Principal Pla 775 SW 119 DAVIE FL 33		1 775	ng Address SW 119TH WAY IE FL 33325						
		ļ							
2. Principal	Place of Business	3. Ma	3. Mailing Address						iiii <b>toist</b> iiii i <b>is</b> i
Suite, Ap	t. #, etc.	Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State			<del></del>	4. FEI Number 65-1046989 Applied For			
Zip	Country	Zip		Country		- C		\$8.75	Not Applicable
	6. Name and Address of Curi	ent Register	ed Agent	<u> </u>		<u>L</u> .		Fee Requ	ired
		on register	su Agent		Name	7. N	ame and Address of New Registered	I Agent	
	Z, JORGE	-	<del>-</del>	~ -	Street Address (	BO B	ox Number is Not Acceptable)		
775 SW 119TH WAY					Sireet Address (	P.O. B	ox Number is Not Acceptable)		
FORT LA	UDERDALE FL 33325								
				i	City		, F	Zip Co	ode
8. The above	e named entity submits this statement tions of registered agent.	nt for the purp	ose of changing its	s registere	ed office or register	ed age	nt, or both, in the State of Florida. I an	familiar wit	h, and accept
ine obliga	tions of registered agent.	:							,
SIGNATURE	Signature, typed or printed name of registered a	nent and title if ann	dicable (NOT	T. Oanintoo	44				
E		gorii ariu iliae ii app	incable. (NO)	E: Hegistered	d Agent signature required	when rein	nstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen	00 t of State					<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>	<b>\$5.</b> □ Add	.00 May Be led to Fees
10.	OFFICERS A	ND DIRECTO	RS	11.	<del> </del>	L ADE	DITIONS/CHANGES TO OFFICERS AN	D DIBECTO	RS IN 11
TITLE NAME	D MARTINEZ JORGE		☐ Delete	TITLE				Change	
STREET ADDRESS CITY-ST-ZIP	MARTINEZ, JORGE 775 SW 119TH WAY DAVIE FL 33325				ET ADDRESS ST-ZIP			_	_
TITLE	-		☐ Delete	TITLE		_		☐ Change	☐ Addition
NAME Street address				NAME				onango	
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NAME				NAME				☐ Change	∐ Addition
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ITLE		<u> </u>	☐ Delete	TITLE				☐ Change	Addition
AME TREET ADDRESS				NAME				Change	☐ Acomon I
ITY-ST-ZIP		i		STREET CITY-S	ADDRESS				
TLE T		<del>- </del>	☐ Delete	TITLE	77 411				
AME			□ Delete	NAME				☐ Change	☐ Addition
Treet address ITY-ST-ZIP				STREET CITY-ST	ADDRESS				1
2. I hereby ce	ertify that the information supplied w	ith this filing d	loes not qualify for	41	- <u>-</u> -	tion 119	3.07(3)(i), Florida Statutes. I further cer	tify that the i	Information
or the corp	oration or the receiver or trustee emor on an attachment with an address	nowered to a	vocuta this rapart a	y signatur is required	re shall have the sa d by Chapter 607, F	me leg Florida	3.07(3)(i), Florida Statutes. I further cer al effect as if made under oath; that I a Statutes; and that my name appears in	m an officer Block 10 o	or director r Block 11 if

SIGNATURE:

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1/15/03