

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 008 ***150.00

DOCUMENT # P00000091432

1. Entity Name
JOSE A. TALAVERA, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8220 N.W. 167th St</u> Suite, Apt. #, etc.		3. Mailing Address <u>8220 N.W. 167th St.</u> Suite, Apt. #, etc.	
City & State <u>MIAMI LAKES FLORIDA</u>	City & State <u>MIAMI LAKES FLORIDA</u>	Zip <u>33016</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1046708</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE A. TALAVERA

Street Address (P.O. Box Number is Not Acceptable)
8220 N.W. 167th St.

City MIAMI LAKES **FL** **Zip Code** 33016

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 Jose A. Talavera DMD JOSE A. TALAVERA, DMD OWNER 4/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>JOSE A. TALAVERA</u> <u>8220 N.W. 167th St.</u> <u>MIAMI LAKES FL 33016</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Talavera DMD JOSE A. TALAVERA 4/24/02 (305) 271-9254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)