FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 17 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091746

1. Entity Name

WORLD DENTAL ARTS, Corp.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6917 SW 115 PL # H	P.O. BOX 260781
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL 33173	
City & State	City & State
MIAMI, FL	PEMBROKE PINES, FL
Zip / Country	Zip / Country
33173	33026

4. FEI Number 65-1048343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: OSKAR RUIZ

Street Address (P.O. Box Number is Not Acceptable): 6917 SW 115 PL # H

City: MIAMI, FL Zip Code: 33173

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: _____ DATE

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

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	President
NAME	EDGAR MAFLA
STREET ADDRESS	PO BOX 260781
CITY-ST-ZIP	P. PINES, FL 33026
TITLE	V-President
NAME	OSKAR RUIZ
STREET ADDRESS	6917 SW 115 PL # H
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
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CR2E034B (12/02)

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: _____ EDGAR MAFLA 02/18/03 954 2963665

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