

**02-03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000096875

1. Entity Name

TOMAS PINO, DDS, P.A.

03 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

415 S. FEDERAL HWY

Suite, Apt. #, etc.

#2

3. Mailing Address

415 S. FEDERAL HWY

Suite, Apt. #, etc.

#2

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

Zip

33460

Country

4. FEI Number

65-1045859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

600016324096
04/18/03--01055--009 **350.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FINANCIAL FOUNDATIONS, INC

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

3150 SANDY RIDGE DR.

City

CLEARWATER

FL

Zip Code

33761

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.

(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.
(See criteria on back)

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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	TOMAS PINO
STREET ADDRESS	415 S. FEDERAL HWY #2
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Tomas Pino
Tomas Pino

3/18/03

561-547-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

CR2E034B (12/01)