2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000100398 GLOBALDENT, INC.			R)	FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90144 016 ***158.75			
Principal Place of Business 2822 N.W. 79TH AVENUE MIAMI FL 33122	Mailing Address 2822 N.W. 79TH AVENUE MIAMI FL 33122						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #		tc.		DO NOT WRITE IN THIS S	SPACE		
City & State	City & State		4.	4. FEI Number 65-1051917 Applied For			
Zip Country	Zip Country		5.	Certificate of Status Desired	Not Applicable \$8.75 Additional		
6. Name and Address of Current	Registered Agent			Name and Address of New Registered A	Fee Required		
GRANDE, CARLOS		Name	Name				
2822 N.W. 79TH AVENUE		Street Address		(P.O. Box Number is Not Acceptable)			
MIAMI FL 33122							
		City	City FL Zip Code				
SIGNATURE Signature, typed or printed it me of registered agent a 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		00 550.00 It of State	reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	Added 1		
TITLE PD NAME GRANDE, CARLOS SFREET ADDRESS CITY-ST-ZIP MIAMI FL 33122	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2224 Boca	ERNANDO Grande 61 Temple Way Raton, FL 334-	Change	Addition	
TITLE VD NAME VELEZ, LUIS M STREET ADDRESS 175 FONTAINBLEAU BLVDX. #2J CITY-ST-ZIP MIAMI FL 33172	VELEZ, LUIS M 175 FONTAINBLEAU BLVDX. #2J3 MIAMI FL 33172		1321	Carlos Grande Vera Cruz Lane TON, FL 33327	Change	· · ·	
INTLE SD SD Delete IAME YERVES, ESMERALDA C STREET ADDRESS 175 FONTAINBLEAU BLVDX. #2J3 INTY-ST-ZIP MIAMI FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITTLE T GRANDE, MARIA W STREET ADDRESS STY-ST-ZIP BOCA RATON FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP		reinto.	X Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Delete - ، ، ، ، ب ب ن ع بز <u>م</u> ر ،	TITLE NAME Street Address City-St-Zip			Change	Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emport changed, or on an attachment with an address, w SIGNATURE: 	true and accurate and that my wered to execute this report as	/ signature shall I s required by Ch	lave the same	e legal effect as if made under oath; that I a	m an officer o Block 11 or E	r director	