

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90050 041 ***150.00

DOCUMENT # P00000101077

1. Entity Name
LEON DENTAL CENTER, INC.



Principal Place of Business
**9001-A PEMBROKE RD
PEMBROKE PINES FL 33025**

Mailing Address
**9001-A PEMBROKE RD
PEMBROKE PINES FL 33025**

2. Principal Place of Business
17525 PINES BLVD

3. Mailing Address
17525 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES

City & State
PEMBROKE PINES, FL

4. FEI Number **65-1050940**

Applied For
Not Applicable

Zip Country
FL 33029 USA

Zip Country
33029 USA

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

6.-Name and Address of Current Registered Agent

7.-Name and Address of New Registered Agent

**LEON, MARTIN I
9001-A PEMBROKE RD
PEMBROKE PINES FL 33025**

Name
LEON, MARTIN I
Street Address (P.O. Box Number is Not Acceptable)
17525 PINES BLVD
City
PEMBROKE PINES FL Zip Code
33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEON, MARTIN I
9001-A PEMBROKE RD
PEMBROKE PINES FL 33025** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEON, MARTIN I
17525 PINES BLVD
PEMBROKE PINES, FL 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LEON, MARITZA C
9001-A PEMBROKE RD
PEMBROKE PINES FL 33025** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LEON, MARITZA C
17525 PINES BLVD
PEMBROKE PINES, FL 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03 954-437-6400

CR2E034 (10/02)