

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90087 041 ***150.00

DOCUMENT # P01000020405

1. Entity Name
UNIQUE DENTAL STUDIO, INC.

Principal Place of Business
4350 WEST WALTERS AVE STE 204
TAMPA FL 33614

Mailing Address
4350 WEST WALTERS AVE STE 204
TAMPA FL 33614

2. Principal Place of Business
4350 W. WALTERS AVE.

3. Mailing Address
4350 WEST WALTERS AVE.

Suite, Apt. #, etc.
STE. 204

Suite, Apt. #, etc.
STE. 204

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33614

Country
USA

Zip
33614

Country
USA

4. FEI Number
65-1087699

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, SCOTT F
200 SOUTH HOOVER BLVD
BLDG 201 STE 140
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **NORBERTO JIMENEZ**
 Street Address (P.O. Box Number is Not Acceptable)
4602 KILCOYNE CT
 City **TAMPA** FL Zip Code **33558**

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 **9/10/02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **JIMENEZ, NORBERTO**
 STREET ADDRESS **6912 N CAMERON AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☒ Change ☐ Addition
 NAME **JIMENEZ, NORBERTO**
 STREET ADDRESS **4602 KILCOYNE CT.**
 CITY-ST-ZIP **TAMPA, FL 33558**

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PD10000 20405

Norberto Jimenez, President
Unique Dental Studio, Inc.
4350 West Waters Avenue, Ste. 204
Tampa, FL 33614

FEIN: 65-1087699

September 10, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

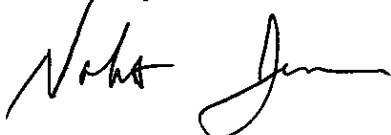
RE: Enclosed Notice of Administrative Dissolution

This letter is written in response to the Notice of Administrative Dissolution or Revocation I have received. I request that the Department of State consider reinstating Unique Dental Studio, Inc. and waiving the reinstatement fee based on the following:

- I previously have never received any notices to file.
- I was not aware of the annual report requirement as I have only been incorporated since February 23, 2001 and have never had to file such a report in the past.

I pray that the state will allow me to continue as Unique Dental Studio, Inc. due to the fact that my failure to file a report *was not intentional*. I have included a check for \$150 to pay my annual fees.

Sincerely,



Norberto Jimenez