

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2002 8:00 am**  
**Secretary of State**

06-26-2002 90072 012 \*\*\*150.00

**DOCUMENT # P01000039746**

1. Entity Name  
**JORGE DE ARMAS DDS., P.A.**

Principal Place of Business  
**3901 S. OCEAN DRIVE, APT. 11U**  
**HOLLYWOOD FL 33019**

Mailing Address  
**3901 S. OCEAN DRIVE, APT. 11U**  
**HOLLYWOOD FL 33019**

00125939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3075 NW 3 St**

3. Mailing Address  
**3075 NW 3 St**

Suite, Apt. #, etc.  
**MIAMI FL**

Suite, Apt. #, etc.  
**MIAMI FL**

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**33125**

Country

Zip  
**33125**

Country

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

~~DE ARMAS, JORGE DDS~~  
~~3901 S. OCEAN DRIVE, APT. 11U~~  
~~HOLLYWOOD FL 33019~~

**3075 NW 3 St**  
**MIAMI FL 33125**

Name

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

City

**FL**

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**DE ARMAS, JORGE DDS**  
**3901 S. OCEAN DRIVE, APT. 11U**  
**HOLLYWOOD FL 33019**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

B0125939

JORGE DE ARMAS, DDS  
3075 NW 3<sup>RD</sup>. STREET  
MIAMI FL. 33125

Attachments

# PO 100003796

June 20, 2002

FLORIDA DEPARTMENT OF STATE,  
Division of Corporations,  
P. O. Box 6327  
Tallahassee, Florida 32314

Ref. Jorge de Armas DDS., P.A.  
UBR 2002

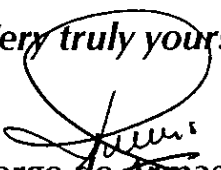
Dear Sir/Madam:

Enclose you will find our check number 0848 in the amount of \$150.00 to pay the above mentioned report and at the same time serve this letter to explain you that I have never paid it because as you can see in the attached I have move to a new location but we never received until the last week that documentation.

I am apologizing about this inconvenience but I would like that you understand that is not my fault so, I need your cooperation in this matter to avoid any further action from your Department.

Thanking you in advance for your attention to this matter, I remain;

Very truly yours,

  
Jorge de Armas DDS  
President