

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91512 009 ***150.00

U3005/0 AV

DOCUMENT # P01000056675

1. Entity Name
J.T DENTAL SOLUTION, INC.

Principal Place of Business
22024 ALTONA DRIVE
BOCA RATON FL 33428

Mailing Address
22024 ALTONA DRIVE
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22024 ALTONA Drive
 Suite, Apt. #, etc.

3. Mailing Address
22024 ALTONA Drive
 Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA
 Zip
33428
 Country
USA

City & State
BOCA RATON, FLORIDA
 Zip
33428
 Country
USA

4. FEI Number
65-1099703

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEL CARPIO, CECILIA
22024 ALTONA DRIVE
BOCA RATON FL 33428

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
D ☐ Delete
 NAME
TORREJON, JORGE SR
 STREET ADDRESS
22024 ALTONA DRIVE
 CITY-ST-ZIP
BOCA RATON FL 33428

TITLE
D ☐ Delete
 NAME
DEL CARPIO, CECILIA SR
 STREET ADDRESS
22024 ALTONA DRIVE
 CITY-ST-ZIP
BOCA RATON FL 33428

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

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

CR2E034 (9/01)

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: CECILIA DEL CARPIO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2002 (561) 883-5694
 Date Daytime Phone #