

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90196 043 \*\*\*150.00

**DOCUMENT # P01000057803**

1. Entity Name  
**EL SHADAY DENTAL, CORP.**

Principal Place of Business

**8660 NW 5 TERR. #203  
 MIAMI FL 33126**

Mailing Address

**8660 NW 5 TERR. #203  
 MIAMI FL 33126**

2. Principal Place of Business

**4011 WEST FLAGLER #**

3. Mailing Address

**4011 WEST FLAGLER**

Suite, Apt. #, etc.

**SUITE 504**

Suite, Apt. #, etc.

**SUITE 504**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

4. FEI Number

**65-1113856**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARIA, GABRIEL**

**8660 NW 5 TERR. #203**

**MIAMI FL 33126**

7. Name and Address of New Registered Agent

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. 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. 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 **GABRIEL FARIA, JAUREZ**  
 STREET ADDRESS **8660 NW 5 TERR. #203**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete  
 NAME **RANGEL SANTOS, TANIA M.L.**  
 STREET ADDRESS **8660 NW 5 TERR. #203**  
 CITY-ST-ZIP **MIAMI FL 33126**

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

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

Date

Daytime Phone #

**July 22, 2002 786-306-9566**

CR2E034 (4/02)

*Attachment*  
Law Offices  
**RAWNY GARAY, P.A.**  
19 WEST FLAGLER STREET  
BISCAYNE BLDG. SUITE 605  
MIAMI, FLORIDA 33130

MIAMI  
TELEPHONE: 305.373.8355  
FACSIMILE: 305.373.8353

CARACAS  
TEL/FAX: 944.43.66

873506

# P01 000057803

September 20, 2002

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

Dear Sir/Madam:

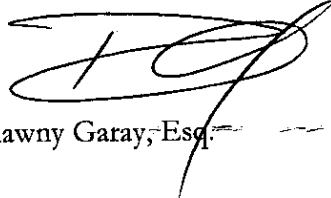
Please be informed that the Law Office of Rawny Garay, P.A. has been retained by El Shaday Dental Corp., in order to reinstate this for profit corporation. There have been no changes to the original Articles of Incorporation. Apparently the accountant who received the annual report failed to inform my client of the filing requirements and further did not produce the UBR upon my client's request. We ask that you please waive the late fees since my client was misled by their accountant.

Enclosed please find a check in the amount of \$150.00 reflecting the renewal fee and a fully executed UBR. Should you have any questions please feel to contact the undersigned.

With nothing further at this time, I remain,

Sincerely,

LAW OFFICES OF RAWNY GARAY, P.A.



Rawny Garay, Esq.