

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90083 023 \*\*\*150.00

022829P AV

**DOCUMENT # P01000057803**

1. Entity Name

**EL SHADAY DENTAL, CORP.**



Principal Place of Business

**4011 WEST FLAGLER  
SUITE 504  
MIAMI FL 33134**

Mailing Address

**4011 WEST FLAGLER  
SUITE 504  
MIAMI FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1113856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARIA, GABRIEL**

**8660 NW 5 TERR. #203**

**MIAMI FL 33126**

Name

**JUAREZ GABRIEL FARIA**

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

**8675 NW. 5 TERRACE, # 103**

City

**MIAMI**

**FL**

Zip Code

**33126**

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

**JUAREZ GABRIEL FARIA**

(NOTE: Registered Agent signature required when reinstating)

**APRIL 02, 2003**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **JUAREZ GABRIEL FARIA**  
STREET ADDRESS **8675 NW 5 TERR. # 103**  
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 **D** ☒ Change ☐ Addition  
NAME **TANIA MARA L. RANGEL SANTOS**  
STREET ADDRESS **8675 NW 5 TERR. # 103**  
CITY-ST-ZIP **MIAMI - FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 another like empowered.

**SIGNATURE: \* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 02, 2003**

Date

**786 306 9566**

Daytime Phone #

CR2E034 (10/02)