

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90075 008 \*\*\*150.00

DOCUMENT # P01000074745

1. Entity Name

DADE DENTAL SERVICES, INC.

Principal Place of Business

8555 NE 2ND AVE  
EL PORTAL FL 33138

Mailing Address

8555 NE 2ND AVE  
EL PORTAL FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1126522

Applied For

Not Applicable

Zip

Country

Zip

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

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

TITLE: PCEO  
NAME: MACAJOUX, JEAN R  
STREET ADDRESS: 933 NE 199 ST  
CITY-ST-ZIP: N MIAMI BCH FL 33179

☐ Delete

TITLE: ST  
NAME: MACAJOUX, ROXAN B  
STREET ADDRESS: 933 NE 199 ST  
CITY-ST-ZIP: N MIAMI BCH FL 33179

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: NAME: STREET ADDRESS: 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

3/4/02

305-758-5818

Daytime Phone #

CR2E034 (9/01)