

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90083 008 \*\*\*150.00

**DOCUMENT # P01000079105**

**1. Entity Name**  
**DENTIMED DISTRIBUTORS CO.**

**Principal Place of Business**

**Mailing Address**

**7730 SW 68 TR.**  
**MIAMI FL 33143**

**P.O. BOX 832137**  
**MIAMI FL 33283-2137**



**2. Principal Place of Business**

**3. Mailing Address**

**7730 SW 68 TR**

Suite, Apt. #, etc.

**City & State**  
**MIAMI, FL**

**City & State**

**4. FEI Number**  
**02-0564699**

**Applied For**  
**Not Applicable**

**Zip**  
**33143**

**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**

**BALLESTAS AND ASSOCIATES, INC.**

**7730 SW 68 TR.**  
**MIAMI FL 33143**

**Name**

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

**7730 SW 68 TR**

**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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*Phillip Ballestas, President BALLESTAS & ASSOCIATES, INC. 4-22-02*

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PSD**  
**STREET ADDRESS** **JAIMES, JUDITH**  
**CITY-ST-ZIP** **9755 NW 52 ST. MIAMI FL 33178**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PSD**  
**STREET ADDRESS** **JAIMES, JUDITH**  
**CITY-ST-ZIP** **9755 NW 52 ST. # 307 MIAMI, FL 33178**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**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:**

*Judith Jaimes*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4.27.02**  
**Date**

**305.591.0934**  
**Daytime Phone #**

CR2E034 (9/01)