

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000100925

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: M & M DENTAL STUDIO INC

## Current Principal Place of Business:

4413 SE 15TH AVE.  
CAPE CORAL, FL 33904

## New Principal Place of Business:

4413-B SE 15TH AVE.  
CAPE CORAL, FL 33904

## Current Mailing Address:

4413 SE 15TH AVE.  
CAPE CORAL, FL 33904

## New Mailing Address:

4413-B SE 15TH AVE.  
CAPE CORAL, FL 33904

FEI Number: 26-0013260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUADROS, MAURO C  
4413 SE 15TH AVE.  
CAPE CORAL, FL 33904

## Name and Address of New Registered Agent:

QUADROS, MAURO C  
4413-B SE 15TH AVE.  
CAPE CORAL, FL 33904

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:

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: QUADROS, MAURO C  
Address: 312 SE 18TH ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: VSD ( ) Delete  
Name: KAPELA, MICHAEL  
Address: 4785 BARKLEY CIR., APT. 35  
City-St-Zip: FT. MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURO C. QUADROS

PTD

04/29/2002

Electronic Signature of Signing Officer or Director

Date