

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90090 011 ***150.00

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DOCUMENT # P01000120229

1. Entity Name

VBBS DENTAL MANAGEMENT, INC.



Principal Place of Business

**90 ALTON RD APT 2601
MIAMI BEACH FL 33139**

Mailing Address

**2601 S BAYSHORE DR
760
COCONUT GROVE FL 33133**

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 **26-0046204**

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

**BRAGA, VALERIA
90 ALTON RD APT-2601
MIAMI BEACH FL 33139**

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

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP BRAGA, VALERIA 90 ALTON RD APT 2601 MIAMI BEACH FL 33139			

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 all other like empowered.

SIGNATURE: *Valeria Braga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-22-03 **30857-0990**

Date Daytime Phone #

CR2E034 (4/03)



Attachment
90146680
P01000120229

FIXED, REMOVABLE, IMPLANTS AND MAXILLOFACIAL PROSTHODONTICS

BRUNO SHARP
C.D., D.D.S., M.S.

BERNARD W.
SEGALL
D.M.D., M.S.

CAROL
HORKOWITZ-TSAOUSSIS
D.M.D., P.A.

7/22/03

VBBS Dental Management, Inc.

Please take our payment of
\$150.00 Our UBR Form Report
Come to our attention late.

Please make a note of this
matter, and accept our payment
of the enclosed amount.

Thank you.

Valeria Bagla

305.857.0990 Ph
305.857.9180 Fx

2601 S. BAYSHORE DRIVE - SUITE 760
COCONUT GROVE, FL 33133

E-MAIL: INFO@PROSTHODONTIC-ASSOCIATES.COM
WEB: WWW.PROSTHODONTIC-ASSOCIATES.COM