

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90123 044 ***150.00

DOCUMENT # P02000002929

1. Entity Name
A.G. FAMILY & COSMETIC DENTISTRY, P.A.



Principal Place of Business
**6817 W 36 AVE #104
HIALEAH FL 33018**

Mailing Address
**6817 W 36 AVE #104
HIALEAH FL 33018**

2. Principal Place of Business

113 WARWICK HILLS DR

3. Mailing Address

113 WARWICK HILLS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number

01-0579803

Applied For

Not Applicable

Zip
34113

Country
US

Zip
34113

Country
US

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

**ABREU, ROMELIO R
6817 W 36 AVE #104
HIALEAH FL 33018**

Name

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

113 WARWICK HILLS DR

City
NAPLES

FL

Zip Code

34113

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 **Romelio Abreu**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

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 **ABREU, ROMELIO R**
STREET ADDRESS **6817 W 36 AVE #104**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☒ Change ☐ Addition
NAME **113 WARWICK HILLS DR**
STREET ADDRESS **NAPLES, FL 34113**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GUEVARA, AYLEN D**
STREET ADDRESS **6817 W 36 AVE #104**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☒ Change ☐ Addition
NAME **D Guevara, Aylen D.**
STREET ADDRESS **113 WARWICK HILLS DR**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 all other like empowered.

SIGNATURE: **Romelio Abreu** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03 239-530-7100

CR2E034 (10/02)