

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90925 028 ***150.00

0366601 AV

DOCUMENT # P02000008224

1. Entity Name
UNIQUE DENTAL CARE, P.A.



Principal Place of Business
**2701 EXECUTIVE PARK DRIVE STE 4
WESTON FL 33327 33331**

Mailing Address
**2701 EXECUTIVE PARK DRIVE STE 4
WESTON FL 33327 33331**



2. Principal Place of Business
2701 Executive Park Dr.

3. Mailing Address
2701 Executive Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Weston, FL

Weston, FL

Zip

Country

Zip

Country

33331

U.S.A

33331

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

30-0032687

Not Applicable

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

**RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE STE 3000
DAVIE FL 33328**

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 \$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 **VALLES, NORA**
STREET ADDRESS **1285 WINDSOR LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☒ Change ☐ Addition
NAME **Valles, Nora**
STREET ADDRESS **950 nautica drive**
CITY-ST-ZIP **Weston FL 33327**

TITLE **D** ☐ Delete
NAME **SALARTE, YOLANDA**
STREET ADDRESS **177 EAST BAYRIDGE DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Change ☐ Addition
NAME **Solarte, Yolanda**
STREET ADDRESS **886 Tulip Cir.**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **D** ☐ Delete
NAME **DIORETO, CLAUDIA**
STREET ADDRESS **1285 CHENILLE CIR**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☒ Change ☐ Addition
NAME **Claudia Dioreto-Baños**
STREET ADDRESS **1151 SW 171 Terrace**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Yolanda Solarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03 (954) 217-4939
Date Daytime Phone #

CP2E034 (10/02)