

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 045 ***150.00

DOCUMENT # P02000012214

1. Entity Name
VICTOR MATUTE D.D.S., PA



Principal Place of Business
6815 S DIXIE HWY
W PALM BEACH FL 33405

Mailing Address
6815 S DIXIE HWY
W PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

784 US Highway 1

784 US Highway 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10

10

City & State
North Palm Beach, FL

City & State
North Palm Bch, FL

Zip
33408

Country

Zip
33408

Country

4. FEJ Number

65-0550291

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

MATUTE, VICTOR
6815 S DIXIE HWY
W PALM BEACH FL 33405

Name
Judith Rodriguez

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

3101 SW 18th Place

City
Cape Coral

FL

Zip Code
33914

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)

4/5/03

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	<input type="checkbox"/> Delete
NAME MATUTE, VICTOR	
STREET ADDRESS 6815 S DIXIE HWY	
CITY-ST-ZIP W PALM BEACH FL 33405	
TITLE Sandra Matute	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Victor Matute DDS	
STREET ADDRESS 784 US Highway 1, Ste 10	
CITY-ST-ZIP North Palm Bch FL 33408	
TITLE Sandra Matute DDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 784 US Highway 1 Ste 10	
CITY-ST-ZIP North Palm Bch, FL 33408	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Matute

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03

Date

561-622-0301

Daytime Phone #

CR2E034 (10/02)