


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
784 US Highway 1
Suite, Apt. #, etc. **10**

3. Mailing Address
784 US Highway 1
Suite, Apt. #, etc. **10**

City & State
North Palm Beach, FL

City & State
North Palm Bch, FL

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

7. Name and Address of New Registered Agent

Name **Judith Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)
3101 SW 18th Place

City **Cape Coral** State **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 **Judith Rodriguez** DATE **4/5/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Victor Matute DDS 784 US Highway 1, Ste 10 North Palm Bch FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandra Matute DDS 784 US Highway 1 Ste 10 North Palm Bch, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **4/5/03** DAYTIME PHONE # **861-622-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)