

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90184 040 \*\*\*150.00

**DOCUMENT #** P02000013904

**1. Entity Name**  
JUAN G LLANO DMD, PA A



**Principal Place of Business**  
10885 NW 50TH STREET #108  
MIAMI FL 33178

**Mailing Address**  
10885 NW 50TH STREET #108  
MIAMI FL 33178

**2. Principal Place of Business**  
2655 Dunwoodip Pl.

**3. Mailing Address**  
PO Box 291073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Hompstead, FL

**City & State**  
Davie 33329

**4. FEI Number**  
01-0595479

**Applied For**  
Not Applicable

**Zip**  
33035

**Country**  
US.

**Zip**  
FL

**Country**

**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**

**GIL, EVELYN A**  
10885 NW 50TH STREET #108  
MIAMI FL 33178

**Name**  
D SAME

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

2655 Dunwoodip Place

**City**

Hompstead

**FL**

**Zip Code**

33035

**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, if applicable, (NOTE: Registered Agent signature required when reinstating)

JUAN G LLANO PD.

4-22-03

**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**  
PD  
**NAME**  
LLANO, JUAN G  
**STREET ADDRESS**  
10885 NW 50TH STREET #108  
**CITY-ST-ZIP**  
MIAMI FL 33178

**TITLE**  
D SAME  
**NAME**  
2655 Dunwoodip Place  
**STREET ADDRESS**  
HOMPSTEAD FL 33035  
**CITY-ST-ZIP**  
HOMPSTEAD FL 33035

**TITLE**  
SD  
**NAME**  
GIL, EVELYN A  
**STREET ADDRESS**  
10885 NW 50TH STREET #108  
**CITY-ST-ZIP**  
MIAMI FL 33178

**TITLE**  
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**NAME**  
2655 Dunwoodip Place  
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**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:** SIGNATURE REQUIRED JUAN G. LLANO

4-22-03 3052301829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)