

FILED
Mar 28, 2003 8:00 am
Secretary of State

02-05-2003 90164 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000045764**



1. Entity Name
PARADISE LAKES FAMILY DENTISTRY, P.A.

55020544

Principal Place of Business
**16800 S.W. 88TH STREET, B-1
MIAMI FL 33196**

Mailing Address
**16800 S.W. 88TH STREET, B-1
MIAMI FL 33196**

Kendall Drive is the same as (SW 88 st)



2. Principal Place of Business
16830 N. Kendall Dr.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Florida

4. FEL Number
01-0602632

Applied For
Not Applicable

Zip
33196

Country
U.S.

Zip
33196

Country
U.S.

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

**CORPAS, MARLENE V
16800 S.W. 88TH STREET, B-1
MIAMI FL 33196**

*this was th
constrctional
address to new add is*

Name
Same

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

16830 N. Kendall DR

City
Miami FL

Zip Code
FL 33196

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CORPAS, ALFREDO D
16800 S.W. 88TH STREET, B-1
MIAMI FL 33196**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**16830 North Kendall
Drive.**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

(305) 388 4886

Daytime Phone #

CR2EC34 (10/02)