

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

DOCUMENT # *P02000057635*

1. Entity Name

DADE SOUTH DENTAL INC.

FILED

03 SEP 11 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 PALM AVE.

3. Mailing Address

3200 PALM AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

03-0449000

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GALAN HENRY

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

3200 PALM AVE

City

MIAMI BEACH

FL

Zip Code

33012

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PID*
NAME *ALVARO TORRE FLORIA DMD*
STREET ADDRESS *3200 PALM AVE*
CITY-ST-ZIP *MIAMI BEACH FL 33012*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VID*
NAME *GARCIA JOSE M JR*
STREET ADDRESS *3200 PALM AVE*
CITY-ST-ZIP *MIAMI BEACH FL 33012*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/03

CR2E034B (12/01)

MIAMI, SEPTEMBER 10, 2003

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE, FL. 32314-6327.

DOCUMENT NUMBER P02000057635

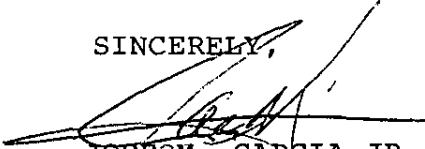
DEAR DEPARTMENT OF STATE:

AS PER OUR TELEPHONE CONVERSATION WE ARE ENCLOSING CK.
FOR \$150.00.

PLEASE BE ADVISED AS MENTIONED ON THE PHONE, WE HAVE RENEWED
OUR CORPORATION EVERY YEAR, BUT WE DID NOT RECEIVED THE
ANNUAL REPORT THIS YEAR BECAUSE WE CHANGE ADDRESS.
SO, THEREFORE I AM PLEADING YOU TO ABSOLVE THE PENALTY CHARGES.

PLEASE IF YOU HAVE ANY QUESTION DO NOT HESITATE TO CONTACT ME,

SINCERELY,



JOSEOM. GARCIA JR.
VICE-PRESIDENT
DADE SOUTH DENTAL INC.
786-554-22424