

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90105 041 ***150.00

DOCUMENT # P02000084526

1. Entity Name
GLOBAL DENTAL GROUP INC.



Principal Place of Business

**732 SW 97 CIRCLE
MIAMI FL 33174**

Mailing Address

**732 SW 97 CIRCLE
MIAMI FL 33174**

2. Principal Place of Business

101 Westward Dr. #A.

3. Mailing Address

101 Westward Dr.

Suite, Apt. #, etc.

Suite "A"

Suite, Apt. #, etc.

Suite "A"

City & State

Miami Springs

City & State

Miami Springs

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3706486

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTERO, OSVALDO

732 SW 97 CIRCLE

MIAMI FL 33174

7. Name and Address of New Registered Agent

Name **Osvaldo Montero**

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

101 Westward Dr.

Suite "A"

City **Miami Springs**

FL

Zip Code **33166**

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 **VP. Osvaldo Montero**

2-14-03.

Signature, word 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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MONTERO, ALEXANDER**
STREET ADDRESS **732 SW 97 CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **DV** ☐ Delete
NAME **MONTERO, OSVALDO**
STREET ADDRESS **732 SW 97 CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **DS** ☐ Delete
NAME **MONTERO, LUIS O**
STREET ADDRESS **732 SW 97 CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **DT** ☐ Delete
NAME **MONTERO, DAVID**
STREET ADDRESS **732 SW 97 CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP. Montero Alexander** ☒ Change ☐ Addition
NAME **101 Westward Dr. #A.**
STREET ADDRESS **Miami Springs, FL. 33166**
CITY-ST-ZIP

TITLE **DV. Osvaldo Montero** ☒ Change ☐ Addition
NAME **101 Westward Dr. #A.**
STREET ADDRESS **Miami Springs, FL. 33166**
CITY-ST-ZIP

TITLE **DS. Montero, Luis O.** ☒ Change ☐ Addition
NAME **101 Westward Dr. #A.**
STREET ADDRESS **Miami Springs, FL. 33166**
CITY-ST-ZIP

TITLE **DT. Montero, David** ☒ Change ☐ Addition
NAME **101 Westward Dr. #A.**
STREET ADDRESS **Miami Springs, FL. 33166**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE OF REGISTERED AGENT
Osvaldo Montero
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)