

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2006 8:00 am TX1
Secretary of State

04-17-2006 90396 029 ***150.00

DOCUMENT # P03000117183

1. Entity Name

LIZA MARIE FELICIANO, D.M.D., PA.

DO NOT WRITE IN THIS SPACE

60027846

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16950 N. Bay Rd #2310

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunny Isles, FL

City & State

4. FEI Number

56-2411657

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

LIZA MARIE FELICIANO, DMD.

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

16950 N. BAY RD #2310

City

SUNNY ISLES

FL

Zip Code

33160

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

Liza Marie Feliciano

LIZA MARIE FELICIANO

03/23/06

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

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
LIZA MARIE FELICIANO, DMD
16950 N. Bay Rd #2310
Sunny Isles, FL 33160

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Liza Marie Feliciano

LIZA MARIE FELICIANO, DMD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/23/06 (6954) 815-0180