

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 020 ***150.00

2007 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000142732	
1. Entity Name	
DENT OUT CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18495 SW 232 STREET Suite, Apt. #, etc.	3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206
City & State CUTLER RIDGE, FL	City & State MIAMI, F
Zip 33170	Country US
Zip 33144	Country US

40110431

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3746059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DOUGLAS PEREZ	
Street Address (P.O. Box Number is Not Acceptable) 18495 SW 232 STREET	
City CUTLER RIDGE	FL Zip Code 33170

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

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

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS PEREZ 18495 SW 232 STREET CUTLER RIDGE, FL 33170	TITLE NAME STREET ADDRESS 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:

DOUGLAS PEREZ DOUGLAS PEREZ, PRESIDENT

0416/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #