

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90852 001 ***150.00

DOCUMENT # P93000001672

1. Entity Name
PATRICIA PRIMERO D.D.S., P.A.



Principal Place of Business
13323 SW 42ND STREET
MIAMI FL 33175-3204

Mailing Address
13323 SW 42ND STREET
MIAMI FL 33175-3204



2. Principal Place of Business
690 Goodlette rd.
Suite, Apt. #, etc.
100

3. Mailing Address
6145 12 Ave. Southwest
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES - FL

City & State
NAPLES FL

4. FEI Number
65-0384342

Applied For
Not Applicable

Zip
34102

Country
USA

Zip
34116

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRIMERO, PATRICIA
13323 SW 42ND STREET
MIAMI FL 33175-3204

7. Name and Address of New Registered Agent

Name **PATRICIA PRIMERO**
Street Address (P.O. Box Number is Not Acceptable) **690 GOODLETTE RD**
Suite **100**
City **NAPLES** **FL** **Zip Code** **34102**

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]*

DATE **1/9/03**

(NOTE: Registered Agent signature required when reinstating)

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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRIMERO, PATRICIA 13323 SW 42ND STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6145 12 AVE SOUTH WEST NAPLES FL 34116	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **PATRICIA PRIMERO DDS (239)263-1151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/9/03** **Date** **Daytime Phone #**

CR2E034 (10/02)