

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90122 010 ***150.00

03/04/03 AV

DOCUMENT # P93000003888

1. Entity Name

M & B DENTAL SERVICES, INC.



Principal Place of Business

**4911 SO. DIXIE HWY.
WEST PALM BEACH FL 33405**

Mailing Address

**4911 SO. DIXIE HWY.
WEST PALM BEACH FL 33405**

2. Principal Place of Business

5115 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

5115 S. Dixie Hwy
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0387663

Applied For

Not Applicable

Zip

33405

Country

Zip

33405

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIO

4911 SO. DIXIE HWY.

WEST PALM BEACH FL 33405

Name

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

5115 S. Dixie Hwy

City

West Palm Beach FL

Zip Code

33405

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **HERNANDEZ, MARIO**
STREET ADDRESS **2652 YARMOUTH DR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **VD** ☐ Delete
NAME **HERNANDEZ, BEATRIZ E**
STREET ADDRESS **2652 YARMOUTH DR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Beatriz Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

Daytime Phone #

CR2E034 (10/02)