## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P93000006067

**DOCUMENT #** 1. Entity Name

JOSE A. ORTEGA JR., DDS., P.A.



## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90200 006 \*\*\*150.00

4565 N.W. 7TH MIAMI FL 33126	6	Mailing Address 4565 N.W. 7TH ST. MIAMI FL 33126							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI	Number <b>65-0381302</b>		Not	plied For Applicable
Zip	-Country	- Zip	Cour	ntry	1	rtificate of Status Desired	LJ Fe	8.75 Addi e Required	
6. Name and Address of Current Registered Agent				7. Nai	me and Address of New Re	gistered Ag	ent	<del></del>	
		<del></del> "		Name			_		
ORTEGA, .	JOSE A JR			Street Addres	s (P.O. Box	Number is Not Acceptable)			
4565 N.W.	7TH ST.								
MIAMI FL	33126					1		,	
				City			FL_	Zip Code	
A The above	named entity submits this statement	t for the purpose of changi	ng its register	red office or regis	stered agen	it, or both, in the State of Flor	ida. I am far	niliar with,	and accept
the obligation	ons of registered agent.	. ,							
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable.	.(NOTE: Register	red Agent signature requ	uired when reins	stating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	00	·		ļ	Election Campaign Fina Trust Fund Contribution	_		May Be I to Fees
		ND DIRECTORS	11	<u> </u>	ADD	ITIONS/CHANGES TO OFFI	CERS AND [	DIRECTOR	3 IN 11
10.	PSTD	Delete						☐ Change	☐ Addition
NAME	ORTEGA, JOSE A JR		ill.	ME					
STREET ADDRESS	4565 N.W. 7TH ST.		- I	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126								l l
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12. I hereby certify that the information supplied with this filling 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:**