

2000 UNIFORM BUSINESS REPORT (ÜBR)

DOCUMENT # P93000031171

1. Entity Name

MARTHA BRAVO, D.D.S., P.A.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90030 040 ***150.00

Principal Place of Business

Mailing Address

1350 SW 57TH AVE
SUITE 106TH
MIAMI FL 33144

1350 SW 57TH AVE
SUITE 106TH
MIAMI FL 33144-5775

B0018161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6507 SW CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST MIAMI

City & State

City & State

Miami Florida

Zip

Country

Zip

Country

33144

USA

4. FEI Number 65-0418598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAVO, MARTHA DDS
9210 SW 67TH ST
MIAMI FL 33173

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BRAVO, MARTHA DDS
STREET ADDRESS % 1350 SW 57TH AVE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTHA BRAVO

1/14/2000