

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90005 027 \*\*\*150.00

**DOCUMENT # P94000004712**

1. Entity Name  
**ROLANDO SOMARRIBA D.D.S. INC.**

Principal Place of Business <b>10404 WEST FLAGLER ST. #8          MIAMI FL 33174</b>	Mailing Address <b>10404 WEST FLAGLER ST. #8          MIAMI FL 33174-1615</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0465512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SOMARRIBA, ROLANDO          10404 WEST FLAGLER ST.          #8          MIAMI FL 33174</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOMARRIBA, ROLANDO		NAME				
STREET ADDRESS	10404 W. FLAGLER ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOMARRIBA, BLANCA		NAME				
STREET ADDRESS	10404 W. FLAGLER ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOMARRIBA, LAURA		NAME				
STREET ADDRESS	10404 W. FLAGLER ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOMARRIBA, ROXANA		NAME				
STREET ADDRESS	10404 W. FLAGLER ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP				
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOMARRIBA, CARLOS		NAME				
STREET ADDRESS	10404 W. FLAGLER STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: CM CARLOS A. SOMARRIBA 4/26/00 (305) 5528011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)