## **2002 UNIFORM BUSINESS REPORT (UBR)**

		FORM BUSIN	<u> </u>	FILED Mar 05, 2002 8:00 am							
DOCUMENT # <b>P9400004712</b> 1. Entity Name							Mar 05, 2002 8:00 am Secretary of State				
ROLANDO SOMARRIBA D.D.S. INC.							03-05-2002				Ą
•	ce of Business FLAGLER ST.		Mailing Address 10404 WEST FLAGLER ST. #8 MIAMI FL 33174				I ADDIKADA SID ABAK ASIAK BAKKA	i i i i i i i i i i i i i i i i i i i	LL BILLIL (BILLI		
2. Principal P	Place of Busine	ess	3. Mailing Address			-					
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WR	TE IN THIS SF	ACE		
City & State City & State						4.	FEI Number 65-046551	2		pplied For	
Zip Country			Zip . Count		itry	5.	Certificate of Status Desired	<b>\$</b>	8.75 Ad		
	6. Name	and Address of Current Re	gistered Agent		I	7.	Name and Address of New				
SOMARRIBA, ROLANDO 10404 WEST FLAGLER ST. #8					Name Street Ad	dress (P.O. l	Box Number is Not Acceptab	e)			
#6 MIAMI FL 33174					City			FL	Zip Coc	de	
8. The above		submits this statement for th				registered ag	gent, or both, in the State of F	Orida.	,		
9. This corporation is eligible to satisfy its Intangible 1 Tax filing requirement and elects to do so. (See criteria on back) 1 Tax filing requirement and elects to do so. (See criteria on back) 1 Make Check Payabl					will be \$55	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIF	RECTORS	12.		A	DDITIONS/CHANGES TO OF	ICERS AND E	IRECTOR	S IN 11	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A, ROLANDO FLAGLER ST. 33174	☐ Delete					(	Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IA, BLANCA FLAGLER ST. 13174	□ Delete					(	Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOMARRIB 10404 W. I MIAMI FL 3	FLAGLER ST.	Delete						Change	☐ Addition	' 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A, ROXANA FLAGLER ST. 13174	☐ Delete		,			1	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		O, CARLOS FLAGLER STREET	☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					[	□ Change	Addition	
indicated of the cor	on this report poration or the	or supplemental report is tru	e and accurate and that maded the second in	ıy signa:	ture shall ha	ve the same	119.07(3)(i), Florida Statutes. legal effect as if made under ida Statutes; and that my nan	oath; that I am	ı an officer	or director	ı

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

(305) 552**801**1