

2000 UNIFORM BUSINESS REPORT (UBR)

7/20

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-20-2000 90022 049 ***150.00

DOCUMENT # P94000044368

1. Entity Name
JORGE L. DIAZ, D.D.S., P.A.

Principal Place of Business 8720 N. KENDALL DRIVE SUITE 217 MIAMI FL 33176	Mailing Address 8720 N. KENDALL DRIVE SUITE 217 MIAMI FL 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0500074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRICE, MAX R
6701 SUNSET DRIVE, SUITE 104
S. MIAMI FL 33143

7. Name and Address of New Registered Agent
 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 _____ 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JORGE 8720 N. KENDALL DRIVE, SUITE 217 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07-14-00** Daytime Phone #

CR2: 11 (5/00)

Attachment

094000044368
107634



JORGE L. DIAZ, D.D.S., P.A.

LENNAR MEDICAL CENTER

8720 N. KENDALL DRIVE, SUITE 217

MIAMI, FLORIDA 33176

TELEPHONE: (305) 279-6868

August 11-2000

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

This is in reference to the annual report/uniform business Fee. for Dr. Jorge L. Diaz.

As per my conversation with Tyrell on 8-11-00; Dr. Diaz ~~never recieved the first notice about this report. When~~ we recieved the second notice we had asked what this report was for because we were not familiar with the name. It was explained to us that the name had changed from annual business report to annual report/uniform business. Therefore due to the fact that we never recieved the first letter we were informed to pay \$150.00.

Now we have received a late fee letter requesting payment in the amount of \$400.00. We would like for you to remove the \$400.00 late fee due to the fact that it was not our fault that we did not recieve the first notice.

Any questions in reference to this matter please contact my office at the above number.

Thank You!

Jorge L. Diaz, D.D.S.
JLD/amd