## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000045973**1. Corporation Name

MAYRA G. BETANCOURT, D.D.S., INC.

Principal Place of Business

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90021 001 \*\*\*150.00



8013 NW 163RD TERRACE MIAMI FL 33016		Mailing Address 8013 NW 163RD TERRACE MIAMI FL 33016				:  DO NOT WRITE IN THIS SPACE		
						DO NOT WRITE	IN THIS SPAC	<u>E</u>
2. Principal	Place of Business	<del></del>				3. Date Incorporated or Qualifed 06/21/1994		
21	riace of Business	2a. Mailing Address				4. FEI Number		
Suite, Api	t # etc	26				I -		Applied For
22	<del>11</del> , 616.	Suite, Apt. #, etc.				65-0500478		Not Applicab
City & Sta	ate .	27				5. Certifcate of Status Desired	\$8.	75 Additional
23		City & State				<del></del> -	Fe	e Required
Zip		28				Election Campaign Financing     Trust Fund Contribution	¬ ` \$5	.00 May Be
24	Country	Zip	Cou	intry	<del>,</del> -	Trust I and Contribution	- Ad	ded to Fees
	9 Name and Add	29	30			8. This corporation owes the current	year Intangible	
	9. Name and Address of Current	Registered Agent		T		Personal Property Tax.	Yes Yes	🗆 No
BET.	ANCOURT, MAYRA G			81	Name	10. Name and Address of New Regi	stered Agent	
8013	NW 163RD TERRACE		į	-	<u> </u>			
MIAN	MI FL 33016			82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
			<u> </u>					
			L	_ [	_		•	
				84	City			2 b. 2 (se)
office or re	to the provisions of Sections 607.0502	and 607.1508. Florida State	ites the ab			pration submits this statement for the purp n's board of directors. I hereby accept the	FL  85  4	ip Code
agent. I ar	n familiar with, and accept the obligation	Florida. Such change was	authorized	by ti	named corpo he corporation	pration submits this statement for the purp	ose of changing	its registered
SIGNATURE		•	orida Statut	tes.		pration submits this statement for the purp n's board of directors. I hereby accept the	appointment as	registered
	Signature, typed or printed name of registered agent an	id title if applicable (NOT)	F 5			•		
· <del>··</del> ·	D OFFICERS AND I	DIRECTORS	13.	gent s	signature required v		ATE	<del></del> ·
TIRLE	☐ DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 12
IAME	BETANCOURT, MAYRA G DDS		1.2 NAMI				Chang	e
TREET ADDRESS	8013 NW 163RD TERRACE					·		_
	MIAMI FL 33016		1.3 STRE		l l			
ITLE		[] DELETE	1.4 CITY-		<u> </u>			
AME			2.1 TITLE		1		☐ Change	Addition
TREET ADDRESS			2.2 NAME		}			
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TLE		☐ DELETE	2. 4 CITY-	ST-Z	<u></u>			
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REET ADDRESS	Ÿ .		3.2 NAME		1			☐ Addition
TY-ST-ZIP			3.3 STREE	TADO	DRESS			
LE T			3.4. CITY-5	ST-ZII	P			. * 4 l
ME		☐ DELETE	4.1 TITLE				[7] (h	
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E			4.4 CITY-ST	T-ZIP	,			ł
AE		☐ DELETE	5.1 TITLE					
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-81-212			5.4 CITY-ST					ļ
E ·		☐ DELETE	6.1 TITLE					
. 1			6.2 NAME				☐ Change	☐ Addition
EET ADDRESS			6.3 STREET	Δ <b>Π</b> ΛΙΡ	Eec			
-ST-ZIP			and directly	- VUIC	100			

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA G BETANCOURT. SIGNATURE AND TYPED OR PRINTED NAME OF

1/21/99 (305)826-2758