

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90066 026 ***150.00

DOCUMENT # P94000046454

1. Entity Name
DENTAL EVOLUTIONS, INC.

Principal Place of Business
 1385 CORAL WAY
 STE 401
 MIAMI FL 33145
 US

Mailing Address
 1385 CORAL WAY
 STE #401
 MIAMI BEACH FL 33145
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 825 Meadows Rd.
 Suite, Apt. #, etc.
 122

3. Mailing Address
 825 Meadows Rd.
 Suite, Apt. #, etc.
 122

City & State
 Boca Raton FL

City & State
 Boca Raton FL

Zip
 33486

Country
 USA

Zip
 33486

Country
 USA

4. FEI Number 65-0615139

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHREIBER, GERHARDT A
 890 S. DIXIE HWY
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name: Michael J. Zimmermann
 Street Address (P.O. Box Number is Not Acceptable): 13320 S.W. 128th St.
 City: Miami FL Zip Code: 33186

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE Michael J. Zimmermann 1/24/02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	HUTTERLI, ENRIQUE	
STREET ADDRESS	2555 COLLINS AVENUE, SUITE 402	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEBORA MARIE HAHN	
STREET ADDRESS	825 MEADOWS RD., STE. 122	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Enrique Hutterli 1/28/02 561-394-9116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0235993 AV

CR2E02 (9/01)