

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000048159**1. Entity Name
NOBO DENTAL, CORP.

Principal Place of Business

1531 NW 159TH AVE.

PEMBROKE PINES
33028

FL

US

Mailing Address

1531 NW 159TH AVE.

PEMBROKE PINES
33028

FL

US

2. Principal Place of Business

4851 NW 79TH AVENUE

Suite, Apt. #, etc.
SUITE #3City & State
MIAMI

FL

Zip
33166Country
US

3. Mailing Address

4851 NW 79TH AVENUE

Suite, Apt. #, etc.
SUITE #3City & State
MIAMI

FL

Zip
33166Country
US4. FEI Number
65-0501312

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOBOA LEO A
1531 NW 159TH AVE.PEMBROKE PINES
33028

FL

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 _____ **01/08/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	NOBOA LEO A	
STREET ADDRESS	1531 NW 159TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GUTIERREZ ALEXANDRIA E	
STREET ADDRESS	1531 NW 159TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBOA LEO A	
STREET ADDRESS	1531 NW 159TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ ALEXANDRIA E	
STREET ADDRESS	1531 NW 159TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: ALEXANDRIA E. GUTIERREZ

PSTD 01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)