2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000054618 DOCUMENT # 1. Entity Name



ALBERTO	C. ESC/	ARZA, D.D.S., P.A.							04-07-2003	71022 04	0 13	0.00	
Principal Place of Business 9100 S.W. CORAL WAY #4			Mailing Address 9100 S.W. CORAL WAY #4										
MIAMI FL 33165				MIAMI FL 33165									
2. Principal Place of Business				3. Mailing Address						HAN DAYN AN	1 11010 11161		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. F	FEI Number 65-0521385		<u> </u>	oplied For ot Applicable	
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	6. Name	and Address of Current	Register	ed Agent				7. N	Name and Address of New Rec	istered Ag	ent		
						Name							
RIBEAUX, GUS DE				Street A			ddress (P	ress (P.O. Box Number is Not Acceptable)					
3191 COF													
THIRD FL		•											
MIAMI FL	33145					City	•			FL	Zip Cod	е	
8. The above the obligation	e named entity tions of regist	y submits this statement fo ered agent.	r the purp	oose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Florid	da. I am fai	niliar with,	and accept	
SIGNATURE		. •											
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signatu	re required v	when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				ata .					Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees	
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12 I hereby	cortify that the	information cumplied with	thic filing	dana mat muslifu fau i	iba awa			L: 4:	140 07(0)(2) Elected Over the 1.6	-11	11 11 1 1		

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 10 or Block 11 if changed, or on an attachment with an address with the other like empowered.

SIGNATURE:

(301) 561.0069