

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **DA408857308**

1. Entity Name

Principal Place of Business: **Dental Care of Miami, Inc.**

2. Principal Place of Business: **8370 West Flagler St. Suite 100**

City & State: **Miami, Florida**

Zip: **33144**

Country: **Miami-Dade**

6. Name and Address of Current Registered Agent: **Carlos C. Del Amo, 3929 Ponce De Leon Blvd, Coral Gables, Florida 33134**

7. Name and Address of New Registered Agent: **Jorge F. Borges, 8370 West Flagler St. Suite 100, Miami, FL 33144**

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:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**

After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>President</b>	TITLE	<b>President</b>
NAME	<b>E. Ramiro del Amo</b>	NAME	<b>Jorge F. Borges</b>
STREET ADDRESS	<b>8370 West Flagler St. Suite 100</b>	STREET ADDRESS	<b>8370 West Flagler St. Suite 100</b>
CITY-ST-ZIP	<b>Miami, Florida 33144</b>	CITY-ST-ZIP	<b>Miami, Florida 33144</b>
TITLE	<b>Secretary</b>	TITLE	<b>Secretary</b>
NAME	<b>E. Ramiro del Amo</b>	NAME	<b>Jorge F. Borges</b>
STREET ADDRESS	<b>8370 West Flagler St. Suite 100</b>	STREET ADDRESS	<b>8370 West Flagler St. Suite 100</b>
CITY-ST-ZIP	<b>Miami, Florida 33144</b>	CITY-ST-ZIP	<b>Miami, Florida 33144</b>

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 justly 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:

FILED  
00 DEC 15 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number: **650512499**

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

7. Name and Address of New Registered Agent: **Jorge F. Borges, 8370 West Flagler St. Suite 100, Miami, FL 33144**

CR2E034 (9/99)

KE