

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90241 018 ***150.00

DOCUMENT # P95000000983

1. Entity Name

J.A.CARRENO DDS, P.A.



DO NOT WRITE IN THIS SPACE

11017033

2. Principal Place of Business
10688 SW CORAL WAY

3. Mailing Address
8775 SW 107 TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-2651536

Applied For
Not Applicable

Zip
33165

Country
US

Zip
33176

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CARRENO, J.A.

Street Address (P.O. Box Number is Not Acceptable)

8775 SW 107 TH STREET

City
MIAMI

FL **Zip Code**
33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS NAME CARRENO, J.A. STREET ADDRESS 8775 SW 107 ST CITY-ST-ZIP MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME CARRENO, ANNIE R STREET ADDRESS 8775 SW 107 ST CITY-ST-ZIP MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 305-443-7501

CR2E034B (12/02)