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

## DOCUMENT# P95000029746

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DOCUMENT # P95000029746  1. Entity Name TAMIAMI PARTS & DENTAL SUPPLY CORP.						May 15, 2003 8:00 an Secretary of State 05-15-2003 90117 002 ***150.00				AV
Land A	235- 4 14	-			200 VI 15					
Principal Place of Business 18403 SW 89 PL MIAM! FL 33157 US 2. Principal Place of Business		Mailing Address 18403 SW 89 PL MIAMI FL 33157 US								
z. Principai P	race of Business	3. Mai	ling Address							
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State				4. FEI Number 65-0582893		_ <del></del> -	plied For t Applicable	
Zip	Country	Zip		Cour	ntry	5. Certificate of Status Desired		8.75 Add		
	6. Name and Address of Curr	ent Registere	d Agent			7:-Name and Address of New Re	gistered Ag	ent		<b>]-</b>
					Name					
MENDES, NORBERTO 18403 SW 89 PL					Street Address (	P.O. Box Number is Not Acceptable)				
	· · · · · · · · · · · · · · · · · · ·				<b>—</b> ——					1
MIAMI FL 33157										
A STATE OF THE STA				City		FL	Zip Cod	9		
	named entity submits this statemer ions of registered agent.  Signature, typed or printed name of registered a				ed office or register	ed agent, or both, in the State of Flor when reinstating)	ida. I am far	niliar with,	and accept	
- F	ILE NOW!!! FEE IS \$150.00				· <del></del> -					1
After	May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen					<ol> <li>Election Campaign Final Trust Fund Contribution</li> </ol>			O May Be to Fees	
10. ,	OFFICERS A	ND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	3 IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP	PD Delete MENDES, NORBERTO 18403 SW 89 PL MIAMI FL					(	Change	☐ Addition	CR2E034 (10/02)	
TITLE NAME			Delete	TITL NAM				Change	Addition	CR2
STREET ADDRESS .					EET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	☐ Addition	
TITLE			☐ Delete	TITLI	E			Change	☐ Addition	]

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 trusfee 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 all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

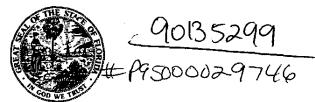
☐ Delete

04-14-2003

☐ Change

Addition

attachment



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 23, 2003

TAMIAMI PARTS & DENTAL SUPPLY CORP. 18403 SW 89 PL MIAMI, FL 33157 US

SUBJECT: TAMIAMI PARTS & DENTAL SUPPLY CORP. Ref. Number P95000029746

We have received your document for TAMIAMI PARTS & DENTAL SUPPLY CORP, and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 303A00024629

Report corrected throughout the document

May, 12 2003