02/19/2002 12:57 305-445-5105 ANGEL CORI

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90077 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035005

1. Entity Name

Accurate Dental Studio

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1412 West Flagler Street	8615 N.W. 8th St
Suite, Apt. #, etc. Suite "C"	Suite, Apt. #, etc. Apt # 413
City & State Miami FL	City & State Miami FL
Zip 33135 Country U.S.A.	Zip 33126 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0583264 ☐ Applied For ☐ Not Applicable

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 Zaida Quesada
Street Address (P.O. Box Number Is Not Acceptable) 1875 W. Flagler Street
Suite # 1881
City Miami FL Zip Code 33135

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	Quesada Zaida M.
STREET ADDRESS	1412 West Flagler Street Suite "C"
CITY-ST-ZIP	Miami, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] D 2-25-02 (305)854-5231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #