

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041098

1. Entity Name

CARLOS A. SANCHEZ, D.D.S., P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90102 043 ***158.75

Principal Place of Business

Mailing Address

2510 S.W. 27TH AVE.
 SUITE 201
 MIAMI FL 33133

2510 S.W. 27TH AVE.
 SUITE 201
 MIAMI FL 33133-2164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2510 SW 27 Ave

2510 SW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Miami FL

Miami FL

Zip

Zip

Country

Country

33133

33133

State

State

4. FEI Number

65-0586112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, CARLOS A
13750 S.W. 111TH ST.
MIAMI FL 33186

Name

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

City

FL

Zip Code

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]
 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)

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	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARLOS A	
STREET ADDRESS	2510 S.W. 27TH AVE., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, 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

3/28/00
 Date

305-443-3131
 Daytime Phone #

CR2E034 (9/99)