

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90144 007 ***150.00

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

DOCUMENT # P95000052568

1. Entity Name

CARLOS YAMIL MAIZ, DDS, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5180 S.W. 21 COURT

Suite, Apt. #, etc.

3. Mailing Address
5180 S.W. 21 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FLORIDA

City & State
PLANTATION, FLORIDA

4. FEI Number 65-0592097

Applied For

Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CARLOS Y. MAIZ

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

5180 S.W. 21 COURT

City PLANTATION

FL

Zip Code
33317

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-attesting.)

DATE

3-31-03

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
NAME
STREET ADDRESS
CITY- ST- ZIP

DPS
CARLOS Y. MAIZ
5180 S.W. 21 COURT
PLANTATION, FLORIDA 33317

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IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03 (954) 298-2736

CR2E034B (12/02)