

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90319 025 \*\*\*150.00

**DOCUMENT # P95000066215**

1. Entity Name

ULISES A. GUZMAN, DDS P.A.

Principal Place of Business

~~1900 N. UNIVERSITY DR.  
 SUITE 201  
 PEMBROKE PINES FL 33024~~

Mailing Address

~~1900 N. UNIVERSITY DR.  
 SUITE 201  
 PEMBROKE PINES FL 33024~~

*New Add.*

712375



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 Embassy Dr. South

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper city, FL

City & State

4. FEI Number 65-0602461

Applied For

Not Applicable

Zip

Country

33026 USA

Zip

Country

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

~~GUZMAN, ULISES A  
 1900 N. UNIVERSITY DR.  
 SUITE 201  
 PEMBROKE PINES FL 33024~~

Guzman, Ulises A.  
 2525 Embassy Dr. South  
 STE 1  
 Cooper city, FL 33026

*New Add.*

Name

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

City

FL

Zip Code 33026

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME ☐ Delete  
 Ulises A. Guzman, D.D.S  
 STREET ADDRESS 2525 Embassy Drive South  
 CITY-ST-ZIP Suite #1  
 Cooper City, FL 33026

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ulises A. guzman

1-30-01

Date

954 430-3444

Daytime Phone #

CR2E034 (10/00)