

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 032 ***550.00

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

DOCUMENT # **P95000083424** ✓

1. Entity Name

Halina S. Montano DDS, P.A.



DO NOT WRITE IN THIS SPACE

11039608

2. Principal Place of Business

5038 NW 24 Cir

Suite, Apt. #, etc.

3. Mailing Address

5038 NW 24 Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton

City & State

Boca Raton

4. FEI Number

605-0617339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Montano, Halina S DDS

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

5038 NW 24 Cir

City

Boca Raton

FL

Zip Code

33431

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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 reinstating)

DATE

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

**P. Montano Halina
5038 NW 24 Cir
Boca Raton FL 33431**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)