

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P96000003860

1. Entity Name

IRIS HERNANDEZ, D.D.S., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:52

Principal Place of Business

Mailing Address

1109 Person Street 3141 Zaharias Drive
Kissimmee, FL Orlando, FL 32837

2. Principal Place of Business

3. Mailing Address

3141 Zaharias Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Orlando, FL

4. FEI Number

59-3358505

Applied For

Not Applicable

Zip

Country

Zip

Country

32837

USA

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

Hernandez, Iris
3141 Zaharias Drive
Orlando, FL 32837

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

Iris Hernandez
Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when relinquishing)

10-12-01

DATE

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

FILE HOWIT 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

TITLE PVST
NAME Hernandez, Iris
STREET ADDRESS 3141 Zaharias Drive
CITY-ST-ZIP Orlando, FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500004669865
-11/06/01--01091--010
****150.00 ****150.00

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Iris Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-01

State

Revised Form 4

00R2034 (11/00)

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October 17, 2001

Iris Hernandez, D.D.S.
3141 Zaharias Drive
Orlando, Florida 32837

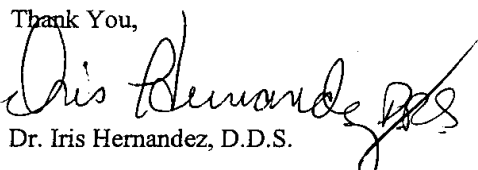
Katherine Harris, Secretary of State
Florida Department of State
PL-02, The Capital
Tallahassee, Florida 32399-0250

Re: EIN #: 59-3358505

To Whom It May Concern:

We never received the original Uniform Business Report (UBR) Application for Iris Hernandez, D.D.S., P.A., as it was sent to an outdated address. Please accept this report with payment enclosed. Please note the corrected address on the Uniform Business Report

Thank You,


Dr. Iris Hernandez, D.D.S.

cc: Uniform Business Report for Iris Hernandez, D.D.S., P.A.
Check in the amount of \$150.00