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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:52

DOCUMENT # P96000003860

1. Entity Name

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

Principal Place of Business	Mailing Address
1109 Person Street Kissimmee, FL	3141 Zaharias Drive Orlando, FL 32837

2. Principal Place of Business		3. Mailing Address 3141 Zaharias Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip 32837	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3358505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Hernandez, Iris
3141 Zaharias Drive
Orlando, FL 32837

7. Name and Address of New Registered Agent

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 x Iris Hernandez 10-17-01
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 / STREET ADDRESS / CITY-ST-ZIP	PVST Hernandez, Iris 3141 Zaharias Drive Orlando, FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004669865-- -11/06/01--01091--010 ****150.00 ****150.00
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CR2E034 (11/00)

AD

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: x Iris Hernandez 10-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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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,

Iris Hernandez DDS

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