2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077763

1. Entity Name: Gilbert Toledo DMD P.A.

FILED
01 APR 13 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

7765 S.W. 87 AVE Suite 109
MIAMI Fl. 33173
(305) 270-3222

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0635631 ☐ Applied For ☐ Not Applicable

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
Gilbert Toledo DMD 7765 S.W. 87 AVE #109 MIAMI Fl. 33173	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 ______________________
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	President Gilbert Toledo DMD 7765 S.W. 87 AVE #109 MIAMI Fl. 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004037523 2 -04/20/01--01139--022 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] DMD PA — 4/5/01 — 305 270-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gilbert Toledo D.M.D., P.A.
Periodontics

March 13, 2001

Florida Department of State
Division of Corporations
Tallahassee Fl. 32314

Re: Corporate Filing fee.

Enclosed is a check for $150.00 for the annual filing fee. My corporate number is P96000007763

T.A. E.D. 65-0635631

Should you require any addition information, please feel free to contact me.

Sincerely,

Gilbert Toledo D.M.D.

GALLOWAY PROFESSIONAL PARK
7765 S.W. 87th AVENUE, SUITE 109 • MIAMI, FLORIDA 33173 • TEL: 305-270-3222 • FAX: 305-270-2607