

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041707

1. Entity Name

A. PREVENTION CARE DENTAL, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90052 046 ***158.75

Principal Place of Business

Mailing Address

1350 SW 57TH AVE., STE. 106
MIAMI FL 33144

1350 SW 57TH AVE., STE. 106
MIAMI FL 33144-5700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0671426

Applied For

Not Applicable

Zip

Country

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

SALVADOR, AMADO E
9210 SW 67TH ST.
MIAMI FL 33173

Name

JOAQUIN GUTIERREZ

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

1821 S.W. 98 AVE

City

MIAMI

FL

Zip Code

33165

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

3-14-2000

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, 2000 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 PTD ☒ Delete
NAME BRAVO, MARTA
STREET ADDRESS 9210 S.W. 67TH ST.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME GUTIERREZ, JOAQUIN
STREET ADDRESS 1821 S.W. 98 AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. Pres / S ☐ Change ☒ Addition
NAME MARIA JOSEFINA TORRES
STREET ADDRESS 1821 SW 98 AVE
CITY-ST-ZIP MIAMI FL 33165

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN GUTIERREZ

3/14/2000

Date

Daytime Phone #

CR2E034 (9/99)