2000 UNIFORM BUSINESS REPORT (UBR)

Amended. #61.45

DOCUMENT # P96000041707

1. Entity Name
A. PREVENTION CARE DENTAL. INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 25 PM 2:13

Principal Place of Business	Mailing Address
1350 SW 57 AVE STE 106 MIAMI. FLA 33144	1350 SW 57 AVE STE 106 MIAMI. FLA 33144

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 65-0671426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALVADOR, AMADO E
9210 SW 67 ST
MIAMI. FLA 33173

7. Name and Address of New Registered Agent

Name JOAQUIN F. GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable) 1821 SW 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Delete PTD. BRAVO MARTA 9210 SW 67 ST. MIAMI FLA 33173	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition JOAQUIN F GUTIERREZ PRESIDENT AND DIRECTOR 1821 SW 98 Ave MIAMI. FLA 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Delete PRES. DIR. JOAQUIN F. GUTIERREZ 1821 SW 98 AVE. MIAMI. FLA 33165	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition VICE-PRESIDENT MARIA J. TORRES 1821 SW 98 Ave. MIAMI. FLA 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition ~~TREASURER AND DIR.~~ ~~2818 SW 65 AVE~~ ~~MIAMI. FLA 33155~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition TREASURER and DIR. ROSEMARIE BARO DM.D 2818 SW 65 Ave. MIAMI. FLA 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition lown): 800003325278--6 -07/17/00--01130--007 *****35.00 *****35.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003325278--6 -08/08/00--01003--009 *****26.25 *****26.25

CR2E034 (9/99)

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: JOAQUIN F GUTIERREZ 08/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #