

2000 UNIFORM BUSINESS REPORT (UBR)

Amended: #61-43

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 25 PM 2:13

DOCUMENT # P96000041707

1. Entity Name
A. Prevention Care Dental, Inc

Principal Place of Business
1350 SW 57 AVE STE 106
MIAMI, FLA 33144

Mailing Address
1350 SW 57 AVE
STE 106
MIAMI, FLA 33144

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

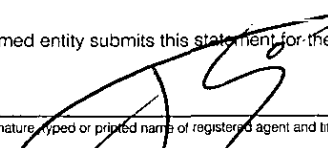
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVADOR AMADO E
9210 SW 67 ST
MIAMI, FLA 33173

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  (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. BRAVO MARTA 9210 SW 67 ST. MIAMI FLA 33173	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DIR. JOAQUIN F. GUTIERREZ 1821 SW 98 AVE. MIAMI, FLA 33165	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME 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	JOAQUIN F. GUTIERREZ PRESIDENT AND DIRECTOR 1821 SW 98 AVE MIAMI, FLA 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MARIA J. TORRES 1821 SW 98 AVE. MIAMI, FLA 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AND DIR. 2818 SW 65 AVE MIAMI, FLA 33155	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER and Dir. ROSEMARIE BARO DM D 2818 SW 65 AVE. MIAMI, FLA 33155	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOWN): 800003325278--6 -07/17/00--01130--007 *****35.00 *****35.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003325278--6 -03/08/00--01003--009 *****26.25 *****26.25	☐ 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)(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 an officer or director.

SIGNATURE:

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

CR2E034 (9/99)