

2000 +

1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P90000077928
1. Entity Name
H. J. Dental, Inc.

FILED

01 MAR 12 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1149 SW 27 AVE. #105
Miami, FL 33135

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

2000-2001 UBR

4. FEI Number 65-0695966 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Henry Jimenez
1149 SW 27 AVE. #100
Miami, FL 33135

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  (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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	1149 SW 27 AVE. #100	
CITY - ST - ZIP	Miami, FL 33135	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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-03/28/01--01009--021
*****300.00 *****300.00

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 any address, with all other like empowered.

SIGNATURE:  DATE Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: H. J. DENTAL, INC.
1149 SW 27 AVE. #100
MIAMI, FL 33135

AS PER YOUR REQUEST I AM SENDING THE ANNUAL REPORT FORM ALONG WITH
A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED ANY CORRESPONDENCE FROM YOUR
OFFICE.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS
CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND
IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T
HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL
REPORT .

CORDIALLY,

A handwritten signature in black ink, appearing to read 'HJ', with a stylized flourish at the end.

HENRY JIMENEZ
PRESIDENT