

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90108 037 \*\*\*150.00

**DOCUMENT # P96000083200**

1. Entity Name  
**MAGNA DENTAL COMPANY**

Principal Place of Business <b>7200 N.W. 7TH STREET                  MIAMI FL 33126</b>	Mailing Address <b>7200 N.W. 7TH STREET                  MIAMI FL 33126</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0700543</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LEOPOLD, NORMAN  
 20801 BISCAYNE BLVD.  
 SUITE 501  
 AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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)

**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	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GONZALEZ, LOUIS O</b>			NAME			
STREET ADDRESS	<b>7200 N.W. 7TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GONZALEZ, IRIS J</b>			NAME			
STREET ADDRESS	<b>7200 N.W. 7TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GONZALEZ-NUNEZ, LISETTE</b>			NAME			
STREET ADDRESS	<b>7200 N.W. 7TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RAMOS, ANDRES</b>			NAME			
STREET ADDRESS	<b>7200 N.W. 7TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 01-09-01 (305) 261-2211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)