2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000083321**

Cľ

TITLE

NAME

STREET ADDRESS

CENTRO DENTAL IBEROAMERICANO, INC.

Principal Place of Business BELO PLAZA BLDG 807 SW 25TH AVE SUITE 212 MIAMI FL 33135 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address							
		134 SALAMANCA APT 7-A CORAL GABLES FL 33134-4177 US 3. Mailing Address Suite, Apt. #, etc.			ופו פוו ופעוופעו	1 0 1 1111 111 111 50 1111	90)); 88)9()J))	10 111 00 1111 0 111	10) 11 0) 1 10)
				_	DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0703867 Applied For Not Applicable				
				_					
		City & State	City & State						
Zip	Country	Zip	Zip Country		rtificate of Sta	itus Desired		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent	-1	7. Nan	ne and Addr	ess of New R			
				Name					
134 APT			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134			City				FL	Zip Cod	e
	named entity submits this statement								
Tax filing i	Signature, typed or printed name of registered age pration is eligible to satisfy its Intangib requirement and elects to do so.	le FILE NOV	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Trust Fu	Campaign Fin	n. 🗆	Added	0 May Be
11.	OFFICERS AN		12.	ADDI	TIONS/CHAI	NGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VERA, RAFAEL 134 SALAMANCA #7-A CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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13. I hereby certify that the information supplied with this filling 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 an an attaphment with an addrass with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04-04-00 Date

305-649-6723

☐ Change

Addition

Daytime Phone #

FILED

May 04, 2000 8:00 am Secretary of State

05-04-2000 90179 024 ***150.00