

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083725

1. Entity Name

DENTAL & MEDICAL DEPOT, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90087 017 \*\*\*150.00

Principal Place of Business

9810 NW 80 AVENUE  
 BAY 8-D & C  
 HIALEAH GARDENS FL 33016

Mailing Address

3401 SW 24TH STREET  
 MIAMI FL 33145-3028

2. Principal Place of Business

3401 S.W. 24 ST

Suite, Apt. #, etc.

MIAMI

City & State

FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33145

Country

USA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BARBAT, M. SUSANA  
 3401 SW 24 ST  
 MIAMI FL 33145

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	P	<input type="checkbox"/> Delete
NAME	BARBAT, M. SUSANA	
STREET ADDRESS	3401 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SONIA, MARTINEZ	
STREET ADDRESS	3401 S.W. 24TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CANALS, CRISTINA	
STREET ADDRESS	250 N. 70 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*M. Susana Barba* M. SUSANA BARBA 4/25/00 305 448-9519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 15014 19/99