

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90195 025 \*\*\*150.00

**DOCUMENT # P96000093554**

1. Entity Name

**EAST COAST DENTAL SUPPLY INC.**

Principal Place of Business

1150-93 ST.  
 BAY HARBOR ISLAND FL 33009

Mailing Address

1150-93 ST.  
 BAY HARBOR ISLAND FL 33009

2. Principal Place of Business

12961 N.W. 7 th. Lane

Suite, Apt. #, etc.

City & State

Miami, FL. 33182

Zip  
 33182

Country  
 Dade

3. Mailing Address

2500 E. Hallandale Bch. Blvd.

Suite, Apt. #, etc.

Suite # 601

City & State

Hallandale, FL. 33009

Zip  
 33009

Country  
 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0706744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HERRERIA, ROBERTO V**  
**1150-93 ST.**  
**BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

Name

**Roberto V. Herreria**

Street Address (P.O. Box Number is Not Acceptable)

**2646 Thomas Street**

City  
 Hollywood

FL Zip Code  
 33020

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 **Roberto V. Herreria**

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/00**

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 **P** ☐ Delete  
 NAME **HERRERIA, ROBERTO V.**  
 STREET ADDRESS **1150-93 STREET**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE **VP** ☐ Delete  
 NAME **GARDONA, VICTOR F.**  
 STREET ADDRESS **1150 93 ST.**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Roberto V. Herreria**  
 STREET ADDRESS **2646 Thomas Street**  
 CITY-ST-ZIP **Hollywood, FL. 33020**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Victor C. Cardona**  
 STREET ADDRESS **2646 Thomas Street**  
 CITY-ST-ZIP **Hollywood, FL. 33020**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Roberto V. Herreria**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/00 (954) 456-1939**

Date

Daytime Phone #

CR2E034 (9/99)