

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096233

1. Entity Name

FAMILY DENTAL CARE CENTER OF MIAMI FLA. CORP.



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90049 002 ***550.00

Principal Place of Business

1990 SW 27 AVE., STE. 100
 MIAMI FL 33145

Mailing Address

1990 SW 27 AVE., STE. 100
 MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0711636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, FRANK
 1990 SW 27 AVE., STE. 100
 MIAMI FL 33145

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DP ☐ Delete
 NAME FERNANDEZ, FRANK
 STREET ADDRESS 1990 SW 27 AVE., STE. 100
 CITY-ST-ZIP MIAMI FL 33145

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

TITLE DVS ☐ Delete
 NAME FERNANDEZ, FRANSISCO
 STREET ADDRESS 1990 SW 27 AVE., STE. 100
 CITY-ST-ZIP MIAMI FL 33145

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/00

Date

Daytime Phone #

(305) 443-4456

CR2E034 (5/00)