

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 013 ***150.00

DOCUMENT # P96000096233

1. Entity Name
FAMIIY DENTAL CARE CENTER OF MIAMI FLA. CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8080 W. FLAGLER ST

3. Mailing Address
8080 W. FLAGLER ST

Suite, Apt. #, etc.
SUITE 2C

Suite, Apt. #, etc.
Suite 2C

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MAIMI, FL

4. File Number
650711636

Applied For
Not Applicable

Zip
33144

Country

Zip
33144

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GUTIERREZ, URIEL
Street Address (P.O. Box Number is Not Acceptable)
13253 SW 110 TERRACE
Apartment 2
MIAMI FL Zip Code
33186

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BUIRAGO, JUAN C. 13616 SW 114 Lane MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, URIEL 13253 SW 110 Terrace #2 Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with full power like empowered.

SIGNATURE:  Juan C. Buitrago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)