2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P96000098314 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90155 044 ***150.00 JOSE & TORRES, DDS, P.A. Principal Place of Business Mailing Address 16476 SW 76 ST 16476 SW 76 ST-MIAMI FL 33193 MIAMI FL 33193 开始 2. Principal Place of Business 3. Mailing Address____ Suite, Apt. #, etc. Suite-Aot-#.-etc._ DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0711883 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSE, MARTIN F Street Address (P.O. Box Number is Not Acceptable) 16476 SW 76 ST MIAMI FL 33193 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be _Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.7 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOSE, MARTIN F NAME 7595 SW 152 AVE. APT. H106 STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Delete TITLE ☐ Change - ☐ Addition JOSE, NORKA T NAME 7595 SW 152 AVE. APT. H106 STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered