

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 036 ***150.00

950336

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000030521

1. Entity Name
 Francisco E. Arevalo, DMD, PA.

Principal Place of Business Mailing Address
 10330 N. Dale Mabry Ste. 201
 Tampa, FL 33618

2. Principal Place of Business 3. Mailing Address
 10330 N. Dale Mabry 10330 N. Dale Mabry
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 201 201

City & State City & State
 Tampa, FL Tampa, FL

Zip Country Zip Country
 33618 Country 33618 Country

4. FEI Number Applied For
 59-3429522 Not Applicable

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

6. Name and Address of Current Registered Agent
 Francisco E. Arevalo
 10330 N. Dale Mabry Ste. 201
 Tampa, FL 33618

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Director	<input type="checkbox"/> Delete
NAME	Francisco E. Arevalo	
STREET ADDRESS	10330 N. Dale Mabry Ste. 201	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	Sub-Director	<input type="checkbox"/> Delete
NAME	Patricia J. Arevalo	
STREET ADDRESS	10330 N. Dale Mabry Ste. 201	
CITY-ST-ZIP	Tampa, FL 33618	
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		

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: Francisco E. Arevalo Date: 4-24-00 (813) 908-8100
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)