

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038275

1. Entity Name

IVETTE GOMEZ-BELLO, D.M.D., P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90046 012 ***150.00

Principal Place of Business

Mailing Address

15490 EAST BEDLINGTON RD.
MIAMI LAKES FL 33014

15490 EAST BEDLINGTON RD.
MIAMI LAKES FL 33014-2036

2. Principal Place of Business

3. Mailing Address

7231 Bamboo ST

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip 33014

Country USA

City & State Miami Lakes, FL

Zip 33014

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0750817

Applied For

Not Applicable

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

GOMEZ-BELLO, IVETTE

15490 EAST BEDLINGTON RD. 7231 Bamboo ST
MIAMI LAKES FL 33014

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 IVETTE GOMEZ-BELLO

(NOTE: Registered Agent signature required when reinstating)

4-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME GOMEZ-BELLO, IVETTE
STREET ADDRESS 15490 EAST BEDLINGTON RD. 7231 Bamboo ST
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

IVETTE GOMEZ-BELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00