

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90915 003 ***150.00

DOCUMENT # P97000038275

1. Entity Name

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

Principal Place of Business

7231 BAMBOO ST
 MIAMI LAKES FL 33014

Mailing Address

7231 BAMBOO ST
 MIAMI LAKES FL 33014

2. Principal Place of Business

6567 SW 24 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0750817

Applied For

Not Applicable

Zip

33155

Country

USA

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

**GOMEZ-BELLO, IVETTE
 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

4-24-01

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **7231 BAMBOO ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE Change Addition
 NAME **IVETTE GOMEZ-BELLO**
 STREET ADDRESS **6567 SW 24 ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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:

IVETTE GOMEZ-BELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (305) 264-2666

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE