2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000070868 DOCUMENT

1. Entity Name

ALEJANDRO DE LA CRUZ, DDS; P.A.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90108 043 ***150.00

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Principal Place of Business 2645 S W 37TH AVE. SUITE #404 MIAMI FL 33133		264 Sui Mi <i>r</i>	Mailing Address 2645 S W 37TH AVE. SUITE #304 MIAMI FL 33133 US						
2. Principal Place of Business		3. M	3. Mailing Address			T LEGOLISADE ETIO LIGULIA LORINA BORNIA BORNIA BORNIA GORNIA DOLINY DOLINY COLINY BOLINY (BOLING VIDILA (BOLIN			
Suite, Apt. #, gtc. 304		Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		Ci	City & State		4.	FEI Number 65-0775944		Applied For Not Applicable	
Zip	Cour	-		Country	5.	Certificate of Status Desired	\$8.75 Ac	dditional	7
	6. Name and Ad	Idress of Current Registe	red Agent		7.	Name and Address of New Register			\dashv
DE 14 OB		<u></u> ,		Name					1
DE LA CRUZ, ALEJANDRO 3411 S.W. 21ST				Street Address	3 (P.O.	Box Number is Not Acceptable)	<u></u>		-
MIAMI FL 3	33145		•	City		F	Zip Cod	de	$\frac{1}{1}$
are obligate	named entity submit ons of registered ag	s this statement for the pur ent.	pose of changing its re	egistered office or registe	ered as	gent, or both, in the State of Florida. La		, and accept	
SIGNATURE L	Signature, typed or printed r	name of registered agent and title if ag	opticable. (NOTF: F	Registered Agent signature require	ned when	reinstating) / O			l
Fil. After I	LE NOW!!! FEE May 1, 2003 Fee	IS \$150.00 will be \$550.00		System of Figure 19 and 19		9. Election Campaign Financing		00 May Be	-
Make Check I	Payable to Florida	a Department of State	<u> </u>			Trust Fund Contribution.		d to Fees	
10.		OFFICERS AND DIRECTO	ORS	11.]A	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	1
	P	- 1411000	☐ Delete	TITLE			☐ Change	Addition	18
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGILATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #