

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90125 027 ***150.00

DOCUMENT # P97000074469

1. Corporation Name

MARIO CABALLERO, D.M.D., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3135 GIFFORD LN
UNIT A
MIAMI FL 33133

Mailing Address

3135 GIFFORD LN
UNIT A
MIAMI FL 33133

2. Principal Place of Business

21 3590 MAIN HWY

2a. Mailing Address

26 3590 MAIN HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33133

Country

Zip

29 33133

Country

30

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0777099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CABALLERO, MARIO
3135 GIFFORD LN
UNIT A
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3590 MAIN HWY

84 City MIAMI

FL

85 Zip Code 33133

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CABALLERO, MARIO
STREET ADDRESS 3135 GIFFORD LANE, UNIT A
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

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☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CABALLERO DMD

Date

2/7/99

Daytime Phone #

305 445-0305

CR2E034 (1/98)