2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90094 025 ***150.00

C23823B AV

DOCUMENT # P98000000361

1. Entity Name
JORGE C. CORO, D.M.D.,M.S.,P.A.

Principal Place of Business	Mailing Address
878 S. DIXIE HWY CORAL GABLES FL 33146	878 S. DIXIE HWY CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 896 S. DIXIE HIGHWAY
City & State	City & State CORAL GABLES FL
Zip / Country	Zip 33146 / Country USA

4. FEI Number 65-0802413 ☐ 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
CORO, JORGE C 878 S. DIXIE HWY CORAL GABLES FL 33146	Name CORO, JORGE C. Street Address (P.O. Box Number is Not Acceptable) 896 S. DIXIE HIGHWAY City CORAL GABLES FL Zip Code 33146

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.

X SIGNATURE JORGE C. CORO 3/25/02
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CORO, JORGE C 878 S. DIXIE HWY CORAL GABLES FL 33146	☐ Delete	PTD CORO, JORGE C. 896 S. DIXIE HIGHWAY CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORO, MARISA A 878 S. DIXIE HWY CORAL GABLES FL 33146	☐ Delete	SD CORO, MARISA I. 896 S. DIXIE HIGHWAY CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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.

305-661-9798

SIGNATURE: MARISA I. CORO / SECRETARY 3/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #