

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90140 005 \*\*\*150.00

DOCUMENT # **98000010888**  
 Entity Name: **United Dental Enterprises Corp.**

Principal Place of Business: **2900 W. 12 Ave Ste. 27 Hialeah, FL 33012**  
 Mailing Address: **2900 W. 12 Ave Ste. 27 Hialeah, FL 33012**

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DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0811846**  
 Applied For: ☐ Not Applicable  
 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent: **Jose W E Montero 2900 W. 12 Ave. Ste 27 Hialeah, FL 33012**  
 7. Name and Address of New Registered Agent: **FL** Zip Code: **33012**

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: **Ricardo Montero** (Typed or printed name of registered agent and title if applicable)

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, 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                           | NAME                            | TITLE                                                 | NAME                              |
| STREET ADDRESS                  | STREET ADDRESS                  | STREET ADDRESS                                        | STREET ADDRESS                    |
| CITY-ST-ZIP                     | CITY-ST-ZIP                     | CITY-ST-ZIP                                           | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| TITLE                           | NAME                            | TITLE                                                 | NAME                              |
| STREET ADDRESS                  | STREET ADDRESS                  | STREET ADDRESS                                        | STREET ADDRESS                    |
| CITY-ST-ZIP                     | CITY-ST-ZIP                     | CITY-ST-ZIP                                           | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| TITLE                           | NAME                            | TITLE                                                 | NAME                              |
| STREET ADDRESS                  | STREET ADDRESS                  | STREET ADDRESS                                        | STREET ADDRESS                    |
| CITY-ST-ZIP                     | CITY-ST-ZIP                     | CITY-ST-ZIP                                           | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| TITLE                           | NAME                            | TITLE                                                 | NAME                              |
| STREET ADDRESS                  | STREET ADDRESS                  | STREET ADDRESS                                        | STREET ADDRESS                    |
| CITY-ST-ZIP                     | CITY-ST-ZIP                     | CITY-ST-ZIP                                           | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
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| STREET ADDRESS                  | STREET ADDRESS                  | STREET ADDRESS                                        | STREET ADDRESS                    |
| CITY-ST-ZIP                     | CITY-ST-ZIP                     | CITY-ST-ZIP                                           | CITY-ST-ZIP                       |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Ricardo Montero** **Ricardo Montero** **3-9-00** **305-888-0008**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR