

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010888

1. Entity Name
UNITED DENTAL ENTERPRISES CORP.

FILED
Aug 27, 2002 8:00 am
Secretary of State

05-16-2002 90080 032 ***150.00

Principal Place of Business

2900 WEST 12TH AVE.
#27
HIALEAH FL 33013

Mailing Address

2900 WEST 12TH AVE.
#27
HIALEAH FL 33013

42249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MONTERO, JOSE W E
2900 WEST 12TH AVE.
#27
HIALEAH FL 33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD MONTERO, RICARDO 2900 WEST 12TH AVE. HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(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:

Ricardo Montero, Pres. Ricardo Montero

8/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

United Dental Enterprises Corp.

2900 West 12th Ave., Suite 27 * Hialeah, Florida 33013
Telephone: 305-888-0008 * Fax: 305-884-3537

Attachment
42249

August 19, 2002

#P98000010888

Florida Department of State
Division of Corporations Reinstatements
PO Box 1500
Tallahassee, Fl. 32302-1500

To Whom it May Concern:

Attached herewith is your UBR form completely completed, along with our canceled check for your information and assistance in correcting the situation with our Corporation.

If you have any questions, or need further information, please do not hesitate to contact this office immediately.

Yours truly,

Ricardo Montero

Ricardo Montero
President

Attachment 42249

P98000010888

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068766

MAY 15 2002

2012 18977

SYSTEM 702 POCKET 931
PROCESSED 05/23/02

BANK OF AMERICA JAX
05/23/02 16347 96 P39
0370707070

SENTRUST ORL 150710013
INCL 1707-001
266252992

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

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UNITED DENTAL ENTERPRISES CORP.

Phone 305-411-0008
2900 W. 12th Avenue, Suite 27
Hialeah, FL 33012

65-0811846360167^{Q380}

65-60/660

DATE 1-15-02
\$150.00
DOLLARS

SUNTRUST

SunTrust Bank, Miami
Miami, FL (305) 591-4000

Report Annual

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