

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 APR -9 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010888

1. Entity Name
UNITED DENTAL ENTERPRISES CORP.



Principal Place of Business
2900 WEST 12TH AVE.
#27
HIALEAH, FL 33013

Mailing Address
C/O LOPEZ ACCOUNTING
1800 W 49 ST #121
HIALEAH, FL 33012



03252004 No Chg-P CR2E034 (10/03)

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

MONTERO, RICARDO
2900 WEST 12TH AVE.
#27
HIALEAH, FL 33013

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
PD
MONTERO, RICARDO
STREET ADDRESS
2900 WEST 12TH AVE.
CITY - ST - ZIP
HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

300032470013
04/12/04--01069--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #