

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90165 040 ***150.00

DOCUMENT # **P9800002304X**
1. Entity Name **ANGEL GARCIA DDS P.A.**

DO NOT WRITE IN THIS SPACE

54052911

2. Principal Place of Business
9101 PARK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
9101 PARK DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI SHORES, FL

City & State
MIAMI SHORES, FL

4. FEI Number
65-0819081

Applied For
Not Applicable

Zip
33138 Country
USA

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33138 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARCIA, ANGEL DDS.

Street Address (P.O. Box Number is Not Acceptable)
10730 S.W. 28 STREET

City **MIAMI** FL Zip Code **33165**

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

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
GARCIA, ANGEL DDS
9101 PARK DR
MIAMI, FL 33138**

TITLE
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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; that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. GARCIA DDS

4/22/04 385.754-0062

Date

Daytime Phone #