

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90030 031 \*\*\*150.00

**DOCUMENT # P98000025398**

1. Entity Name

**THE VELIS BROTHERS DENTAL TEAM, P.A.**

Principal Place of Business

Mailing Address

13610 SW 109 TERRACE  
 MIAMI FL 33186

13610 SW 109 TERRACE  
 MIAMI FL 33186-3310

2. Principal Place of Business

**10449 NW 41 ST**

Suite, Apt. #, etc.

3. Mailing Address

**10449 NW 41 ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0826352**

Applied For

Not Applicable

Zip

**33178**

Country

**USA**

Zip

**33178**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELIS, JORGE A**  
**13610 SW 109 TERRACE**  
**MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

**10449 NW 41 ST**

City

**MIAMI**

**FL**

Zip Code

**33178**

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

**Jorge A. Velis**

**01/25/00**

Signature, typed or printed name of registered agent and title if applicable

(NOR) 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, 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	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>			<input type="checkbox"/>
	<b>VELIS, JORGE A</b>	<b>13610 SW 109 TERRACE</b>	<b>MIAMI FL 33186</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>10449 NW 41 ST</b>	<b>MIAMI, FL 33178</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**  
**Jorge A. Velis**

**01/25/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #