

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033547

1. Entity Name

EDUARDO GONZALEZ DMD PA

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90185 042 ***150.00

Principal Place of Business

8500 SW 8TH ST
SUITE 240
MIAMI FL 33144

Mailing Address

8500 SW 8TH ST
SUITE 240
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0828993

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

GONZALEZ, EDUARDO
3395 SW 87 CT.
MIAMI FL 33165

Name

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

5761 NW 115 ST. #110.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

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, 2001 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 DP
NAME GONZALEZ, EDUARDO
STREET ADDRESS 3395 SW 87 CT.
CITY-ST-ZIP MIAMI FL 33165

☐ Delete

TITLE DV
NAME ESTRADA, JAVIER
STREET ADDRESS 3889 NW 5 ST
CITY-ST-ZIP MIAMI FL 33126

☒ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01

CR2E034 (10/00)