

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042782

1. Entity Name

CORAL DENTAL SERVICES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90107 025 ***150.00

Principal Place of Business		Mailing Address	
4064 NW 4TH STREET MIAMI FL 33126		4064 NW 4TH STREET MIAMI FL 33126	
2. Principal Place of Business 3934 S.W. 8 th ST		3. Mailing Address SAME	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES, FL		City & State		4. FEI Number 65-0838742		Applied For <input type="checkbox"/> Not Applicable	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIAZ, GERTRUDIS 4064 NW 4TH STREET MIAMI FL 33126				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.

SIGNATURE _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, GERTRUDIS			NAME			
STREET ADDRESS	3934 S.W. 8 STREET, SUITE 204			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: 01/11/01 (205) 442-0020

U14442Z

CR2E034 (10/00)