

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90123 037 \*\*\*150.00

**DOCUMENT # P98000053808**

1. Entity Name  
**FLORIDA DENTAL HEALTH CARE, INC.**

Principal Place of Business

**10903 S.W. 153RD CT., #528  
 MIAMI FL 33196**

Mailing Address

**10903 S.W. 153RD CT., #528  
 MIAMI FL 33196**

2. Principal Place of Business

**10903 SW 153RD CT**

3. Mailing Address

**10903 SW 153RD CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0843320**

Applied For

Not Applicable

Zip

**33196**

Country

**USA**

Zip

**33196**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**DIAZ, SILVIA M  
 10903 S.W. 153RD CT., #528  
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

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

**10903 SW 153RD CT**

City

**MIAMI**

**FL**

Zip Code

**33196**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE **PSTD** ☐ Delete  
 NAME **DIAZ, SILVIA M**  
 STREET ADDRESS **10903 S.W. 153RD CT., #528**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **V.P.** ☐ Delete  
 NAME **RAMIREZ IGNACIO**  
 STREET ADDRESS **10511 SW 45ST**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **10903 SW 153RD CT**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 REQUISITE DIAZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02**

Date

Daytime Phone #

**305-643-4900**

CR2E034 (9/01)