

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90388 028 ***150.00

DOCUMENT # P98000056173

1. Entity Name

SUNSHINE STATE DENTISTRY, INC.

Principal Place of Business

**4315 NW 7TH STREET
 SUITE 31
 MIAMI FL 33126**

Mailing Address

**4315 NW 7TH STREET
 SUITE 31
 MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUNSHINE STATE DENTISTRY

3. Mailing Address

SUNSHINE STATE DENTISTRY

Suite, Apt. #, etc.

4315 NW 7TH STREET SUITE 31

Suite, Apt. #, etc.

4315 NW 7TH SUITE 31

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0847561

Applied For

Not Applicable

Zip

33126

Country

MIAMI DADE COUNTY

Zip

33126

Country

MIAMI DADE COUNTY

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

**CONGOTE, LUIS F DDS
 4315 NW 7TH ST
 SUITE 31
 MIAMI FL 33143**

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

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, 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 **PSD** ☐ Delete
 NAME **CONGOTE, LUIS F DDS**
 STREET ADDRESS **4315 NW 7TH ST SUITE 31**
 CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Luis F. Congote D.D.S.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-11-01 305-444-2050

CR2E034 (10/00)