2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am DOCUMENT # **P98000066980 Secretary of State** 1. Entity Name BEACON HILL DENTAL SERVICES, P.A. 03-02-2001 90109 003 ***150.00 Principal Place of Business Mailing Address 4651 PONCE DE LEON BLVD 4651 PONCE DE LEON BLVD CORAL GABLES FL 33146 CORAL GABLES FL 33146 72348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0854817 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YIEDRA PIEDRA-RIVERO, RENE D MD Street Address (P.O. Box Number is Not Acceptable) 1510 N.W. 19TH AVENUE #G-105 SW MIAMI FL 33125 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subn RENE PIEDRA SIGNATURE Signature, typed or printer (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition NAME PIEDRA, RENE D.M.D. NAME STREET ADDRESS 4651 PONCE DE LEON BLVD., SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Detete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 With all other like empowered. changed, or on an attachm SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR