

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 98000066980

1. Entity Name

RENE PIEDRA DMD and Associates,  
P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4651 Ponce de Leon Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

Coral Gables, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RENE PIEDRA, DMD

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

4651 Ponce de Leon Blvd, Ste 100

City

Coral Gables

FL

Zip Code

33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* for Rene Piedra POK

10/2/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P.D.S., D.  
NAME: Rene Piedra  
STREET ADDRESS: 4651 Ponce de Leon Blvd. Ste 100  
CITY-ST-ZIP: Coral Gables, FL 33146

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IN THIS SPACE

12. 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 10 or on an attachment with an address, with all power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* for Rene Piedra POK

10/2/03 (305) 461-1812

CR2E034B (12/02)

# LUSKY & MOTOLA, P.A.

Attorneys at Law

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October 2, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

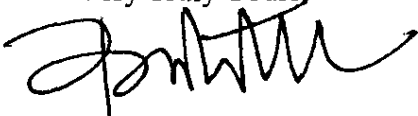
**RE: Rene Piedra DMD and Associates, P.A./Uniform Business Report**

Dear Madam or Sir:

Enclosed please find our client's UBR and our law firm's check in the amount of \$150.00, for processing. We request, on behalf of our client, that you kindly waive the late fee as our client never received the UBR you normally send and consequently failed to file same with you on a timely basis. Kindly confirm reinstatement to the above address.

Should you need any further information, kindly contact us.

Very Truly Yours,



Bernardo Motola  
BM/ala  
cc: Rene Piedra, DMD

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-03 BY 60322 UCBAW/STW/STW

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301 Almeria Avenue, Suite 345, Coral Gables, Florida 33134/Tel. (305)446-1245/Fax 446-1205  
e-mail: motolusk@bellsouth.net