

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088238

1. Entity Name

DENTAL LAKE SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90020 032 ***150.00

Principal Place of Business

15-B W. CANAL ST. N.
 BELLE GLADE FL 33430

Mailing Address

15-B W. CANAL ST. N.
 BELLE GLADE FL 33430-3078

2. Principal Place of Business

15-A West Canal St. N.

3. Mailing Address

15-A West Canal St. N.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33430

Country

Dade

Zip

33430

Country

Dade

4. FEI Number

65-0874778

Applied For

Not Applicable

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

MAIQUEZ, DRUMNIA
 15-B WEST CANAL STREET NORTH
 BELLE GLADE FL 33430

Name

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

15-A West Canal St. N. Suite B

City

Belle Glade,

FL

Zip Code
 33430

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, 2000 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 ☐ Delete
 NAME SD
 STREET ADDRESS MAIQUEZ, DRUMNIA
 CITY-ST-ZIP 15 WEST CANAL STREET NORTH, SUITE B
 BELLE GLADE FL 33430

TITLE ☐ Change ☒ Addition
 NAME PSD
 STREET ADDRESS Maquez, Drumnia
 CITY-ST-ZIP 15A West Canal St. N # B
 Belle Glade FL 33430

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS COBELO, ARMANDO
 CITY-ST-ZIP 15-B W. CANAL ST. N.
 BELLE GLADE FL 33430

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drumnia Maiquez

1/10/2000

561-993-5006

Date

Daytime Phone #

CR2E034 (9/99)