

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90021 038 ***150.00

C0023863



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090772

1. Entity Name

DENTAQUIM, INC.

Principal Place of Business

Mailing Address

NW 7 STREET
FL 33125

3158 NW 7 STREET
MIAMI FL 33125-4202

2. Principal Place of Business

3. Mailing Address

1412 W. Flagler Street Suite D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D
City & State
MIAMI FLORIDA

City & State

4. FEI Number

65-0872339

Applied For

Not Applicable

Zip
33135

Country
MIAMI DADE

Zip

Country

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

SUAREZ, GUSTAVO
3158 NW 7 STREET
MIAMI FL 33125

Name DORA M. SUAREZ

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

1412 W. Flagler Street Suite D

City Miami Florida

FL

Zip 33135

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

2/16/00

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	D	<input type="checkbox"/> Delete
NAME	SUAREZ, GUSTAVO	
STREET ADDRESS	3158 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, DORA M.	
STREET ADDRESS	1412 W. Flagler Street Suite D	
CITY-ST-ZIP	Miami Florida 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DATE

Daytime Phone #

2/16/00

CR2E034 (9/99)