2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
May 18, 2001 8:00 am
Secretary of State
04-05-2001 90452 044 ***150.00

[redacted]

DOCUMENT # P98000090772

1. Entity Name

DENTAQUIM INC

Principal Place of Business	Mailing Address
1412 W FLAGLER STREET MIAMI FLORIDA 33135	P.O.BOX 940604 MIAMI FLORIDA 33194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1412 W. FLAGLER ST		P.O.BOX 940604	
Suite, Apt. #, etc.: D		Suite, Apt. #, etc.	
City & State: MIAMI FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33135	Country: USA	Zip: 33194	Country: USA

4. FEI Number: 65-0872339 ☐ 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
~~DORA M SUAREZ~~ P.O.BOX 940604 MIAMI FLORIDA 33194	Name: DORA M. SUAREZ Street Address (P.O. Box Number is Not Acceptable): 1300 S.W 122 Ave City: MIAMI FL Zip Code 33184

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] DATE 03/28/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DORA M SUAREZ P.O.BOX 940604 ~~MIAMI FLORIDA 33194~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] DORA M SUAREZ 03/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #