## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

12.

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TITLE

NAME

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NAME STREET ADDRESS

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Name

## DOCUMENT # P98000090829

2. Principal Place of Business

ORDONEZ, ALVARO J

144 N.E. 43RD STREET **MIAMI FL 33137** 

9. This corporation is eligible to satisfy its Intangible

ORDONEZ, ALVARO J

144 N.E. 43RD STREET

Tax filing requirement and elects to do so.

**MIAMI FL 33137** 

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

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TITLE NAME STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

ALVARO J. ORDONEZ, D.D.S., P.A.

Mailing Address
144 N.E. 43RD STREET MIAMI FL 33137-3443

Country

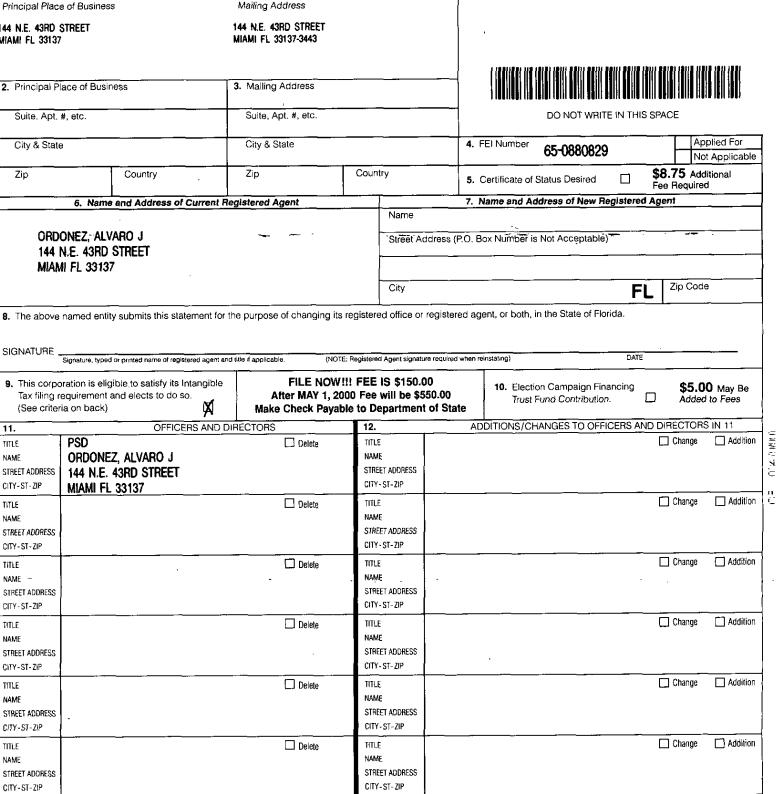
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90068 048 \*\*\*150.00



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 AND TYPED

Ordonez