

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 10, 2000 8:00 am Secretary of State

08-10-2000 90002 027 ***150.00

DOCUMENT # P98000097117

1. Entity Name

MARCELINO J. MARENCO, D.D.S. P.A.

Principal Place of Business

14017 SW 68TH TERRACE MIAMI FL 33183 US

Mailing Address

14017 SW 68TH TERRACE MIAMI FL 33183 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879652

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARENCO, MARCELINO 14017 SW 68TH TERRACE MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 file 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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Marcelino J. Marenco, D.D.S. P.A. and PVST Marenco, Marcelino.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc. # P98000097117
DD07781

David R. G. Smith
Certified Public Accountant

Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

August 3, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **Marcelino J. Marengo, D.D.S. P.A.**
#P98000097117

Dear Sir/Madam:

The above-referenced taxpayer never received the first notice. The client has enclosed a check in the amount of \$150.00. Kindly consider abatement of the penalties. Please note this is the first time filing for this taxpayer.

Respectfully,



David R.G. Smith, CPA, CFP, CFST

Cc: Ed Fraga

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