2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002738

1. Entity Name

BONILLA'S DENTAL GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90176 040 ***150.00

Principal Place of Business	Mailing Address
11790 S.W. 89 Street Miami, Fl. 33186	11790 S.W. 89 Street Miami, Fl. 33186

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11790 S.W. 89 Street	11790 S.W. 89 Street
Suite, Apt. #, etc. –	Suite, Apt. #, etc. –
City & State: Miami, Fl. 33186	City & State: MIami, Fl. 33186
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0888023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SONIA BONILLA G.
11790 S.W. 89 St
MIami, Fl. 33186

7. Name and Address of New Registered Agent

Name: Sonia Bonilla G.
Street Address (P.O. Box Number is Not Acceptable): 11790 S.W. 89 St.
–
City: Miami, FL Zip Code: 33186

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 x [signature] Sonia Bonilla G. 03.15.00
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	P/T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Sonia Bonilla G.		NAME		
STREET ADDRESS	11790 S.W. 89 St.		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33186		CITY-ST-ZIP		
TITLE	V/S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Anamaria Bonilla		NAME		
STREET ADDRESS	11780 S.W. 89 St.		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33186		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: x [signature] Sonia Bonilla G. President (305)270-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #