

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

DOCUMENT # **P99000009001**

1. Entity Name **DOCTOR'S DENTAL CENTER, P.A.**

04-28-2004 90289 050 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4931 S. STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

4931 S. STATE RD 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0891402

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FIGUEROA, CELIA

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

4931 S. STATE RD, 7th Fl

City

DAVIE

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FIGUEROA, CELIA DDS 4931 S. STATE RD 7th Fl DAVIE FL 33314
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**DO NOT WRITE
IN THIS SPACE**

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; that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

C. Figueroa, DDS.

C. FIGUEROA DDS

4/22/04

954-797-0707
305-9846035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #