2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
E06-03-2000 90142 023 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P99000044369

1. Entity Name
America Dental Clinic Corp.

Principal Place of Business
825 SW 87 Ave
Ste. 2-G
Miami, Fl. 33174

Mailing Address
825 SW 87 Ave
Ste. 2-G
Miami, Fl. 33174

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0919582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Barrientos, Ramiro
825 SW 87 Ave. Ste 2-G
Miami, Fl. 33174

7. Name and Address of New Registered Agent

Name: Ramiro A Barrientos

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

825 SW 87 ave Suite 2-G

City Miami FL FL Zip Code 33174

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] 8-1-00

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Montero, Alexander	NAME	
STREET ADDRESS	825 SW 87 Ave. Ste 2-G.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33174	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Montero, David	NAME	
STREET ADDRESS	825 SW 87 Ave. Ste. 2-G	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33174	CITY-ST-ZIP	
TITLE	Sec. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Barrientos, Ramiro A.	NAME	
STREET ADDRESS	825 SW 87 Ave. Ste - 2-G	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33174	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: [signature] David Montero 305-264-1166

Date Daytime Phone #