

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 030 ***150.00

DOCUMENT # P99000055940

1. Entity Name

CHARAL ENTERPRISES, D.M.D., P.A. (New Name)

Alberto Sanchez, D.M.D., P.A. (Old Name)

DO NOT WRITE IN THIS SPACE

80056641

2. Principal Place of Business
2910 W. LAKE MARY BLVD.

3. Mailing Address
2910 W. LAKE MARY BLVD.

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.
#101

City & State
LAKE MARY, FLORIDA

City & State
LAKE MARY FLORIDA

4. FEI Number
59-3583521

Applied For
Not Applicable

Zip Country
32746 SEMINOLE

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32746 SEMINOLE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 

ALBERTO SANCHEZ TORRES

3/18/2002

(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
PRESIDENT & DIRECTOR
ALBERTO SANCHEZ TORRES
2910 W. LAKE MARY BLVD. #101
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR & SEC./TREASURER
CHARMINE I. ORTIZ
2910 W. LAKE MARY BLVD. STE. 101
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: 

ALBERTO SANCHEZ TORRES PRES.

3/18/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)