

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90394 023 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 60198  
1. Entity Name:  
E.T. DENT-MED, INC.

Principal Place of Business Mailing Address  
2775 W 62 Street #206 2775 W 62 Street #206  
Hialeah FL 33016 Hialeah FL 33016

2. Principal Place of Business 3. Mailing Address  
1408 West 44 Street 1408 West 44 Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hialeah FL Hialeah FL  
Zip Country Zip Country  
33012 USA 33012 USA

4. FEI Number Applied For  
65-0931404 Not Applicable

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

6. Name and Address of Current Registered Agent  
TOALA VICTOR EUGENIO  
2775 W 62 Street #206  
Hialeah FL 33016

7. Name and Address of New Registered Agent  
Name TOALA VICTOR EUGENIO  
Street Address (P.O. Box Number is Not Acceptable)  
1408 West 44 Street  
City Hialeah FL Zip Code 33012

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] President 4/30/02  
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)  
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOALA VICTOR EUGENIO 2775 W 62 Street #206 Hialeah FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOALA VICTOR EUGENIO 1408 West 44 Street Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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.

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)