

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90367 044 \*\*\*150.00

0284677 AV

**DOCUMENT # P99000109177**

1. Entity Name

**DDS INTERNATIONAL, INC.**



Principal Place of Business

**8180 GENEVA COURT**

**APT. B423**

**MIAMI FL 33166**

Mailing Address

**8180 GENEVA COURT**

**APT. B423**

**MIAMI FL 33166**

2. Principal Place of Business

**9845 NW 27 terrace**

Suite, Apt. #, etc.

3. Mailing Address

**9845 NW 27 terrace**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Miami Florida**

City & State

**Miami Florida**

4. FEI Number

**65-0968192**

Applied For

☐ Not Applicable

Zip

**33172**

Country

**United States**

Zip

**33172**

Country

**United States**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PADILLA, JEANNETTE**

**8180 GENEVA COURT**

**APT. B423**

**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

**9845 NW 27 terrace**

City

**Miami**

**FL**

Zip Code

**33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PTD**  
**NUNEZ, JOSE**  
STREET ADDRESS **8180 GENEVA COURT**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete

NAME **VPSD**  
**PADILLA, JEANNETTE**  
STREET ADDRESS **8180 GENEVA COURT**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS **9845 NW 27 terrace**  
CITY-ST-ZIP **Miami FL 33172**

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS **9845 NW 27 terrace**  
CITY-ST-ZIP **Miami FL 33172**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JEANNETTE PADILLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/2003 (305) 593 0333**

Date

Daytime Phone #

CR2E034 (10/02)