

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90017 028 ***150.00

DOCUMENT # P99000110024

1. Entity Name
AMERICA'S ORAL & FACIAL SURGERY, INC..

Principal Place of Business

**302 N.W. 179TH AVENUE
 SUITE 201
 PEMBROKE PINES FL 33029**

Mailing Address

**302 N.W. 179TH AVENUE
 SUITE 201
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1018865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARROYO, JUAN DR.
 302 N.W. 179TH AVENUE
 SUITE 201
 PEMBROKE PINES FL 33029**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PSD** ☐ Delete
NAME **ARROYO, JUAN C DMD**
STREET ADDRESS **13780 SW 122 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **President** ☒ Change ☐ Addition
NAME **Arroyo, Juan C. DMD**
STREET ADDRESS **15823 SW 10th St**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **VPTD** ☐ Delete
NAME **PASTRANA, MIGUEL A DMD MD**
STREET ADDRESS **13834 SW 122 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VP President** ☒ Change ☐ Addition
NAME **Pastrana, Miguel A DMD, MD**
STREET ADDRESS **1062 SW 159 Dr**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Arroyo, DMD

Date

Daytime Phone #

1/23/02 (954) 438-8948

CR2E034 (9/01)