2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$59695** Jul 18, 2000 8:00 am 1. Entity Name Secrétary of State SARABEL RUIZ-CESTERO, D.M.D., P.A. 07-18-2000 90088 013 ***150.00 Principal Place of Business Mailing Address 8500 W. FLAGLER ST. 8500 W. FLAGLER ST. #8-202 #B-202 A0068138 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0265284 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUIZ-CESTERO, SARABEL Street Address (P.O. Box Number is Not Acceptable) 8500 W. FLAGLER ST #B-202 **MIAMI FL 33144** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition Change ☐ Delete TITLE TITLE RUIZ-CESTERO, SARABEL NAME NAME 8500 W. FLAGLER ST #B202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete

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 12 in changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

July 10 2000 552/97/

☐ Change

Addition

Sarabel Ruiz-Cestero, D.M.D. P.O. Box 835357 Miami, Florida 33283 (305) 552-1971

July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

RE: Sarabel Ruiz-Cestero, DMD, PA #S59695

To Whom It May Concern:

Enclose please find copy of checkbook that reflects the check # 4735 It was issued to Florida Department of State for the amount of \$150.00. The payment was to renew corporation S 59695. The payment was mailed before April 13, 2000.

We apologize for the inconvenience this may have cause you. Please accept check # 1005 for the amount of \$150.00 to replace check # 4735:

Sincerely yours,

Sarabel Ruiz-Cestero, D.M.D.

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