

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90158 006 \*\*\*158.75

DOCUMENT # **584322**  
1. Entity Name **E. ADDITE DENTAL OFFICE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1165 W 49th ST.**  
Suite, Apt. #, etc. **202**  
City & State **HAIALEAH, FL.**  
Zip **33012** Country **USA**

3. Mailing Address  
**1165 W 49th ST.**  
Suite, Apt. #, etc. **202**  
City & State **HAIALEAH, FL.**  
Zip **33012** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0288277**  
Applied For  
Not Applicable

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 **ESPERANZA ADDITE**  
Street Address (P.O. Box Number is Not Acceptable)  
**18891 NW 89 PLACE**  
City **MIAMI** FL Zip Code **33015**

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) ☐

**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 **PRESIDENT**  
NAME **ESPERANZA LARA ADDITE**  
STREET ADDRESS **18891 NW 89 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VICE-PRESIDENT**  
NAME **FABIO ADDITE**  
STREET ADDRESS **18891 NW 89 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33015**

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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)