

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 031 ***550.00

00698010 AV

DOCUMENT # S94511
1. Entity Name
CROWN DENTAL, INC.

Principal Place of Business **Mailing Address**
2632 WEST HILLSBOROUGH AVENUE **2632 WEST HILLSBOROUGH AVENUE**
TAMPA FL 33607 **TAMPA FL 33607**

2. Principal Place of Business **3. Mailing Address**
4812 N. Habana ave **4812 N. Habana ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Tampa, fl **Tampa, fl**
Zip **Country** **Zip** **Country**
33614 **U.S.A** **33614** **U.S.A**

4. FEI Number **Applied For**
59-3094219 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUIZ, HUGO
2632 WEST HILLSBOROUGH AVE.
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name **Ruiz, Hugo**
Street Address (P.O. Box Number is Not Acceptable)
4812 N. Habana ave
City **Tampa** **FL** **Zip Code** **33614**

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** **7/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RUIZ, HUGO 2632 W. HILLSBOROUGH AVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, HUGO 2632 W. HILLSBOROUGH AVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST D Ruiz, Hugo 4812 N. Habana ave TAMPA, fl 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P D Ruiz, Amy 4812 N. Habana ave Tampa, fl 33614 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  **DATE** **7/13/01** **Daytime Phone #** **(813) 873-0271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE