

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90091 045 ***150.00

DOCUMENT # S96600

1. Entity Name
MARIA F. AMARILLO, D.D.S., P.A.

Principal Place of Business
**7420 NORTHWEST FIFTH STREET
 SUITE 104
 PLANTATION FL**

Mailing Address
**MARIA FANNY AMARILLO D.D.S
 7360 S. OCEAN BLVD # 1102
 PAMPONO BEACH FL 33062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0309385**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**AMARILLO, MARIA F. D.D.S.
 7420 NORTHWEST FIFTH STREET
 SUITE 104
 PLANTATION FL**

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

SIGNATURE _____ DATE _____
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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	AMARILLO, MARIA F. D.D.S
STREET ADDRESS	7420 N.W. FIFTH ST. S104
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *M. Amarillo* **UNREPAIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02
Date

(954) 797 7696
Daytime Phone #

CR2E034 (4/02)

Maria Fanny Amarillo, D.D.S., P.A.

Attachment

420 N.W. FIFTH STREET, SUITE 104
PLANTATION, FLORIDA 33317
TELEPHONE (305) 797-7696

August 29, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref: 2002 Uniform Business Report
Document # S96600

To whom it may concern:

This is the first notification that I have received. Please notice that I always file on time for the past eleven years.

Sincerely,

f. Amarillo D.D.S.
Maria Fanny Amarillo D.D.S.