FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90114 003 ***150.00

40048673

DOCUMENT # V10509

1. Entity Name
CATALINA Callejo D.D.S. P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5771 S.W. 40 St.	5771 S.W. 40 St
Suite, Apt. #, etc. MIAMI FL	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip 33155 / Country USA.	Zip 33155 / Country USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0309425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	Callejo, CATALINA
STREET ADDRESS	5771 S.W. 40 St.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Callejo 3/31/05 305-665-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #