2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18648

1. Entity Name

JOSE MARRERO DENTAL SERVICE INC.

Principal Place of Business	Mailing Address
6991 NW 82 AVENUE SUITE 11 MIAMI FL 33166	6991 NW 82 AVENUE SUITE 11 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6991 NW 82 Ave
Suite, Apt. #, etc.: Suite 10
City & State: Miami, FL
Zip: 33166 Country: USA

3. Mailing Address: 6991 NW 82 Ave
Suite, Apt. #, etc.: Suite 10
City & State: Miami, FL
Zip: 33166 Country: USA

4. FEI Number **65-0316060**   Applied For ☐   Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MARRERO, JOSE L.
133 N.W. 86 PLACE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Marrero, Jose L
Street Address (P.O. Box Number is Not Acceptable): 9805 NW 52 Street, #405
City: Miami   FL   Zip Code: 33178

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

X 1-16-01   DATE

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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 PVTS NAME MARRERO, JOSE L STREET ADDRESS 6991 NW 82 AVENUE # 11 CITY-ST-ZIP MIAMI FL 33166	☐ Delete	TITLE PVTS NAME Marrero, Jose L STREET ADDRESS 6991 NW 82 Ave, #10 CITY-ST-ZIP Miami, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Marrero

X 1-16-01   Date

(305) 591-1191   Daytime Phone #