

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36881

1. Entity Name

M M DENTAL GROUP, INC.

Principal Place of Business

2506 S SEMORAN BLVD  
ORLANDO FL 32822  
US

Mailing Address

4315 NW 7TH STREET  
STE #34  
MIAMI FL 33126-3562  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0333572

Applied For

Not Applicable

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

Name

PATRICIA CLAVIJO

Street Address (P.O. Box Number is Not Acceptable)

2506 S.Semorán Blvd

City

Orlando Fl.

FL

Zip Code

32822-2710

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

*Patricia Clavijo*

PATRICIA CLAVIJO

01/19/00

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	<del>CLAVIJO, MARIO</del>	
STREET ADDRESS	<del>2506 SEMORAN BLVD</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32822</del>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAVIJO PATRICIA	
STREET ADDRESS	2506 S.Semorán Blvd	
CITY-ST-ZIP	Orlando Fl. 32822-2710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia Clavijo* PRESIDENT

Date

01/19/00 (407) 273-4100

Daytime Phone #

CR2E034 (9/99)