

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90066 045 ***150.00

DOCUMENT # V36881

1. Entity Name

M.M. DENTAL SUPPLY, INC.

Principal Place of Business

Mailing Address

~~2506 S SEMORAN BLVD~~
~~ORLANDO FL 32822~~
~~US~~

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

120000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5448 Hoffner Ave. Suite 206
 Suite, Apt. #, etc. **#206**

4315 N.W. 7th. St. #51
 Suite, Apt. #, etc. **#51**

City & State
Orlando FL.

City & State
Miami, FL.

4. FEI Number **65-0333572**

Applied For
 Not Applicable

Zip Country
32812 USA

Zip Country
33126 33126

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

CLAVIJO, PATRICIA
~~2506 SEMORAN BLVD~~
~~ORLANDO FL 32822~~

Name
CLAVIJO, Patricia
 Street Address (P.O. Box Number is Not Acceptable)
5448 Hoffner Ave.
#206
 City **Orlando** **FL** Zip Code **32812**

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.

Patricia CLAVIJO
Registered Agent

2/15/01

SIGNATURE *Patricia Clavijo*
 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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAVIJO, PATRICIA 2506 SEMORAN BLVD ORLANDO FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	PD CLAVIJO Patricia 5448 Hoffner Ave. #206 Orlando, FL. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia Clavijo* **PATRICIA CLAVIJO** **PRESIDENT** **02/15/01** **(407) 482-6822**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)