

AMENDED AR #61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V48403**
Entity Name
CORAL WEST DENTAL CENTER, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2648 S.W. 137 Ave
MIAMI, FL 33175



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0348877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
~~ELIANA CABEZA~~
~~2648 S.W. 137 Ave~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent
Name **J. EVERETT WILSON, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
2151 Le Jeune Rd
Mezz.
City **Coral Gables** **FL** Zip Code **33134**

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 **J. EVERETT WILSON, ESQ.** DATE **2/01/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD CABEZA, ELIANA 2648 S.W. 137 Ave MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete		TITLE D, P, S NAME ZENaida FALCON, D.O.S. STREET ADDRESS 2648 S.W. 137 Ave CITY-ST-ZIP MIAMI, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ZENaida FALCON** DATE **2/1/2000**
305-223-6722