

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90130 005 \*\*\*150.00

027735 AV

**DOCUMENT # V54374**

1. Entity Name  
**ROSA M. MENDEZ D.D.S., P.A.**



Principal Place of Business

~~10750 SW 38TH ST~~  
~~MIAMI FL 33165~~  
US

Mailing Address

~~10750 SW 38TH ST~~  
~~MIAMI FL 33165~~  
US

2. Principal Place of Business

**2340 SW 139 AVE**

3. Mailing Address

**2340 SW 139 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

4. FEI Number

**65-0342880**

Applied For

Not Applicable

Zip

**33175**

Country

Zip

**33175**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MENDEZ, ROSA M.**  
**10750 SW 38TH ST**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **ROSA M. MENDEZ**

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

**2340 SW 139 AVE**

City **MIAMI**

**FL**

Zip Code **33175**

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

*Rosa M. Mendez*

**1-13-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENDEZ, ROSA M.</b>	
STREET ADDRESS	<b>10750 SW 38TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2340 SW 139 AVE</b>	
CITY-ST-ZIP	<b>MIAMI - FL 33175</b>	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosa M. Mendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03**

Date

**305-362-5559**

Daytime Phone #

CR2E034 (10/02)