2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # V54576			,								
1. Entity Name DANIA MONTEJO, D.D.S., P.A.						FICED FICED FICED FICED FICED FICED FICED FICED FICED						
Principal Place of Business Mailing Address						00 OCT -9 AMII: 31						
-5455 N-US-#1		-5455 N-US-#1					···					
COCOA FL 32	927	COCOA FL 32927										
2. Principal P	Place of Business											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	REII	S NOT WRITE		CEI (2 <i>0</i>		
City & State		City & State			4.	FEI Number	65-0347461		******	plied For Applicable	-	
Zip	Country	Zip	Cour	itry	5.	Certificate of	Status Desired		3.75 Add e Required			
	6. Name and Address of Current	Registered Agent		Nama	7.	Name and A	ddress of New Reg	istered Age	ent		7	
MO	NTEJO, DANIA			Name	1011	eso I	SANIA					
822		Street Addre	96 <u>8 (P.O.</u> 5 S	Box Number i	s Not Acceptable)							
MIAMI FL 33144					10 A.	R	- 3292	7			7	
		//		City	<u></u>		<u> </u>	FL	Zip Code)	1	
9. The above	named entity submits this statement for	the purpose of blooding it	e register	ad office or rea		gent or both	in the State of Florid				-	
o. The above	rnamed entity submits this statement to	it trie purpose of changing it	a register سر		istered a	gerit, di boyi,	In the State of Hond	<i>1</i> a .				
SIGNATURE .						(0/2/	<u> </u>				}	
	Signature, typed or printed name of registered agent			d Agent signature re	quired when	reinstating)	<u></u>	DATE			4	
	oration is eligible to satisfy its Intangible requirement and elects to do so	FILE NOW		IS \$550.00 Min. will be !	\$750.00		ion Campaign Finar	ncing		May Be		
1 -	ria on back)	Make Check Paya				Trust	Fund Contribution.		Added	to Fees	-	
11.	OFFICERS AND	DIRECTORS	12.		Α	DDITIONS/C	HANGES TO OFFIC		_]_	
TITLE NAME	DPS Montejo, Dania	/ Delete	TITL			_		_] Change	Addition	(5/00	
STREET ADDRESS 8221 W FLAGLER ST					DRESS 1000347			269	□ Change □ Addition			
CITY-ST-ZIP	MIAMI FL		CIT	-ST-ZIP			-10/11/0 	<u>.00 </u> *	***75 0) . 00 —	ZĒ.	
TITLE		☐ Delete	TITL NAN						Change	Addition	ĪŌ	
NAME STREET ADDRESS	.,	•		EET ADDRESS								
CITY-ST-ZIP	i klasty. Z		cm	-ST-ZIP							}	
TITLE [3]	4510, 0 1.4k	☐ Delete	TITL	· I					Change	Addition		
NAME STREET ADDRESS			NAA STR	ET ADDRESS							1	
CITY-ST-ZIP	·			-ST-ZIP		400					_]	
TITLE	4	☐ Delete	TITL	1			. 0		Change	Addition		
NAME STREET ADDRESS			NAA STR	EET ADDRESS			M.	1.				
CITY-ST-ZIP				-ST-ZIP			D.	11 /				
TITLE		☐ Delete	TITL	E				,	Change	☐ Addition]	
NAME CTREET ADDRESS			NAM CTD	EET ADDRESS								
STREET ADDRESS CITY-ST-ZIP				ST-ZIP							Ì	
TITLE		☐ Delete	7177						Change	Addition	1	
NAME			MAN									
- STREET ADDRESS- CITY-ST-ZIP			/ /	ET-ADORESS -St-zip	•	-	ngga - Magail Pighiga as mort - s		•• 🚤 .		- -	
13. I hereby o	I certify that the information supplied with	this filing does not qualify for	or the exe	mption stated i	in Section	119.07(3)(i),	Florida Statutes. I fu	urther certify	that the in	formation	1	
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 his 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 REQUIRED (U/1/W) SIGNATURE AND TYPED OR PRINTED PAGE OF SIGNING OFFICER OR DIRECTOR Date Destrine Phone #												