

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90016 038 ***150.00

0298885 AV

DOCUMENT # V62331

1. Entity Name
CATHY D. HAMILTON, DDS., P.A.

Principal Place of Business

**6406 SW 152 CIR PL
MIAMI FL 33193
US**

Mailing Address

**6406 SW 152 CIR PL
MIAMI FL 33193
US**

2. Principal Place of Business

2600 NW 87 Ave. S

Suite, Apt. #, etc.

Suite 29

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Address

2600 NW 87 Ave

Suite, Apt. #, etc.

Suite 29

City & State

Miami, FL

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0356606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, CATHY
1635 W 44TH PLACE
APARTMENT 412
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

TITLE **D** ☐ Delete
NAME **HAMILTON, CATHY**
STREET ADDRESS **6406 SW 152ND CIR PL**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)