

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66774

1. Entity Name

MONGALO AND TERAN DENTAL CLINIC, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90002 009 \*\*\*150.00

Principal Place of Business

1450 W FLAGLER STREET  
 MIAMI FL 33130  
 US

Mailing Address

C/O MONGAZO & ASSOCIATES P.A.  
 1450 W. FLAGLER ST.  
 MIAMI FL 33135-2209  
 US

2. 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 0495433

Applied For  
 Not Applicable

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

TERAN, ADELA  
 1450 W FLAGLER STREET  
 MIAMI FL 33135

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MIERISH, OTTO	
STREET ADDRESS	1450 N. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLUP-TINADO, AOELA	
STREET ADDRESS	1450 N. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33125	
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	PD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIERISH, OTTO	
STREET ADDRESS	1450 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL. 33135	
TITLE	VD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLUP-TIRADO, ADELA.	
STREET ADDRESS	1450 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL. 33135	
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		

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

1-28-00

Date

(305) 692-7800

Daytime Phone #

CR2E034 (9/99)