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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P01000101222

1. Entity Name

Doral Shops Dental Center, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4201 N.W. 107th Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 28207

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33178

Country

Zip

33002-1207

Country

4. FEI Number

02-0567910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas R. Galiana

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

14100 N.W. 77th Court

Suite 100

City

Miami Lakes

FL

Zip Code

33016

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.

Thomas R. Galiana

(NO FE: Registered Agent signature required when reversing)

10/08/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	President, Director Robert G. Arias P.O. Box 28207 Hialeah, FL 33002-1207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 reports 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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Arias, President

10/08/02

Date

305.698.4040

Daytime Phone #

CR2E034B (12/01)

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**Doral Shops Dental Center, Inc.**

4201 N.W. 107th Avenue

Miami, Florida 33178

Tel. 305.594.4418

Fax 305.594-4483

October 8, 2002

State of Florida

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

REF. DORAL SHOPS DENTAL CENTER, INC.  
U.B.R. / REINSTATEMENT

Gentlemen:

Please be advised that as of the above date we have not received the appropriate UBR form in order to renew the aforementioned corporation.

This is due to the fact that we have moved and the mail has not been forwarded to us.

**PREVIOUS MAILING ADDRESS**

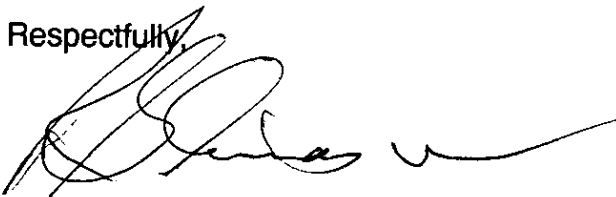
4765 West 8th Avenue  
Hialeah, Fl. 33012

**NEW ADDRESS**

P.O. Box 28207  
Hialeah, Fl. 33002-1207

We herein enclose our check in the amount of \$ 150.00 in order to reinstate the aforementioned corporation.

Respectfully,



Robert G. Arias, D.D.S.  
President

RG/tg