

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

DC 2. Principal Place o	Country DO NOT WF IN THIS SPA	IN THIS S 3. Mailing Address. P.O. Box 282 Suite, Apr. #, etc. City & State Hialeah, Fl. Zip 33002-1207	Country Name Tho Street 141 Sui City	mas R Address (P. 00 N.W te 100 Miami	Lakes	CF STATE 26018 14 **150.00 HIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required
2. Principal Place o 4201 N.W. Suite, Apr. *, etc. City & State Miami, F1 Zip 33178 8. The above named	Business 107th Avenue Country DO NOT WF IN THIS SPA	3. Mailing Address. P.O. Box 282 Suite, Apr. #, etc. City & State Hialeah, F1. Zip 33002-1207	Country Name Tho Street 141 Sui City	mas R Address (P. 00 N.W te 100 Miami	DO NOT WRITE IN THE ACCEPTABLE OF THE ACCEPTABLE OF STATE OF THE ACCEPTABLE OF THE A	Applied For Not Applicable \$8.75 Additional Fee Required Rered Agent
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SIGNATURE Signature	July				u agent, or poin; in the State of Florida.	
Signature		Πb one	D - 0-3			
	typeki o printed name of registered agent and		as R. Gal Th: Registered Agent sign		10/08/02 hen romswung) DA	TF .
This corporation i Tax filing requirer (See criteria on b.)	s eligible to satisfy its Intangible meny and elects to do so.	After Ma	May 1 Fee is \$1 41, Fee is \$550. d UBR is \$61.2	00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI		ne to pehartine	nt or State		· · · · · · · · · · · · · · · · · · ·
me Pr	esident, Director		mue, la			
NAME RO	bert G. Arias		NAME			
CITY, ST. 7IP	O. Box 28207		STREET ADDRESS			
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 I hereby certify the indicated on this. 	it the information supplied with this	filing does not qualify for	the exemption sta	ted in Sectio	on 119.07(3)(i), Florida Statutes. I further o	certify that the information
 of the corporation 	or the receiver or in size empower address, with all poper like empower	rod to owner to this reen	ry signature shall h t as required by C	lave the sam hapter 607	on 119,07(3)(i), Florida Statutes. I further on the legal effect as if made under bath; that Florida Statutes; and that my name appe	I am an officer or director

10/08/02 305.698.4040 Dayons Priore #

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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

NEW ADDRESS

4765 West 8th Avenue Hialeah, Fl. 33012

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

RGA/tg