Certificate of Status De

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	: VALENTINE LOPEZ			03/01/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRES	Title	TREA		
Name	SIERRA, CARLOS LDDS	Name	SIERRA, LILIA		
Address	4001 N OCEAN DR #202	Address	4001 N OCEAN DR 202		
City-State-Zip:	LBTS FL 33308	City-State-Zip:	LBTS FL		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS L SIERRA	PRES	03/01/2020
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Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000055662

Entity Name: SOUTH FLORIDA DENTAL ASSISTING SCHOOL INC

## **Current Principal Place of Business:**

4001 N OCEAN DR 206 FORT LAUDERDALE, FL 33308

FILED Mar 01, 2020

**Secretary of State** 

2271580662CC

Desired: No

Date