

2019 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

Current Mailing Address:

4001 N OCEAN DR
#206
LBTS, FL 33308 US

FEI Number: 06-6011392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ AND PARTNERS
2600 DOUGLAS RD
CORAL GABLES, FL 33134 US

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

04/10/2019

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

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date