

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90014 036 ***150.00

DOCUMENT # P92000011891

1. Entity Name
DENTAL PRODUCTS TESTING, INC.

Principal Place of Business

1300 N FEDERAL HWY
 SUITE 2
 LAKE WORTH FL 33460
 US

Mailing Address

1611 N FEDERAL HWY
 LAKE WORTH FL 33460-6644
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1497 Forest Hill Blvd
 Suite, Apt. #, etc.
 Suite G

3. Mailing Address

1497 Forest Hill Blvd
 Suite, Apt. #, etc.
 Suite G

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0375406

Applied For

Not Applicable

Zip

Country

33406

US

Zip

Country

33406

US

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

D'ANGIO, ROBERT A JR
 10625 N MILITARY TR
 STE 208
 PALM BEACH GARDENS FL 33410

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	D	<input checked="" type="checkbox"/> Delete
NAME	MANKODI, SURENDRA M DDS MSB	
STREET ADDRESS	1300 N FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANKODI, HIMANSU M	
STREET ADDRESS	4312 MANOR FOREST WAY	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONFORTI, NICHOLAS J	
STREET ADDRESS	121 N GOLFVIEW RD #9	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANKODI, SURENDRA M	
STREET ADDRESS	1611 N FEDERAL WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

3/8/2000 561/586-5312

Date

Daytime Phone #

CR2E034 (9/99)