

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90002 020 ***150.00

DOCUMENT # P93000037125

1. Entity Name
ULTRADENT DENTAL LABORATORIES, CORP.



Principal Place of Business
**8150 SW 8 ST
SUITE 212
MIAMI, FL 33144 US**

Mailing Address
**5700 S.W. 127 AVENUE
1409
MIAMI, FL 33183 US**

50023381



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0415583

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**VAZQUEZ, OSVALDO
5700 SW. 127TH AVENUE
1409
MIAMI, FL 33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VAZQUEZ, OSVALDO**
STREET ADDRESS **5700 S.W. 127TH AVENUE, #1409**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **VAZQUEZ, JAQUELINE**
STREET ADDRESS **5700 SW 127 AVE, #1409**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Osvaldo Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-2006

Date

Daytime Phone #



ATTACHMENT
50073381
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	P93000037125
Business Entity Name	ULTRADENT DENTAL LABORATORIES, CORP.
Original File Date	05/24/1993

FEI Number 65-0415583

Principal Address 8150 SW 8 ST
SUITE 212
MIAMI, FL 33144 US

Mailing Address 5700 S.W. 127 AVENUE
1409
MIAMI, FL 33183 US

Registered Agent OSVALDO VAZQUEZ
5700 SW. 127TH AVENUE
1409
MIAMI, FL 33183 US

Officer/Director Name And Address

DP
OSVALDO VAZQUEZ
5700 S.W. 127TH AVENUE, #1409
MIAMI, FL

D
JAQUELINE VAZQUEZ
5700 SW 127 AVE, #1409
MIAMI, FL 33183

☒ After May 1 of each year, a late charge of \$400.00 is imposed,
except in circumstances in which the entity did not receive prior
notice. Please check this box if notice was not received.