

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**  
 07-16-2002 90349 040 \*\*\*550.00

**DOCUMENT # F00000001113**

1. Entity Name  
**ORTHALLIANCE NEW IMAGE, INC.**

Principal Place of Business  
**21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503**

Mailing Address  
**21535 HAWTHORNE BLVD., SUITE 200**  
**TORRANCE CA 90503**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3850 N. Causeway Blvd**  
 Suite, Apt. #, etc.  
**#800**

3. Mailing Address  
**3850 N. Causeway Blvd**  
 Suite, Apt. #, etc.  
**#800**

City & State  
**Metairie LA**

City & State  
**Metairie, LA**

Zip  
**70002**

Country  
**US**

4. FEI Number **95-4780308**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD SUMMERS, DENNIS 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HAYASE, PAUL H 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILSON, JAMES C 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director Bart Falgusano Sr 3850 N. Causeway Blvd #800 Metairie, LA 70002</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; Director Bart Falgusano Jr 3850 N. Causeway Blvd #800 Metairie, LA 70002</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO JAN GROVER 3850 N. Causeway Blvd #800 Metairie, LA 70002</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SUBSTITUTION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-202

5046344392

Date

Daytime Phone #

CR2E034 (4/02)