

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434734

1. Entity Name

GOLD CROWN DENTAL LAB, INC.

R

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90103 019 \*\*\*150.00

Principal Place of Business

1460 TAGUS AVENUE  
CORAL GABLES FL 33156

Mailing Address

1460 TAGUS AVENUE  
CORAL GABLES FL 33156

2. Principal Place of Business

10715 S.W. 190 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
# 11

City & State

Miami, FL

City & State

Zip

33157

Country

USA

Country

4. FEI Number

59-1483826

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDES, BARRY  
1460 TAGUS AVENUE  
CORAL GABLES FL 33156

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.

SIGNATURE

*Claudia Rudes S/D* CLAUDIA RUDES 7/25/00

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, 2000 Min. 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	PD	<input type="checkbox"/> Delete
NAME	RUDES, BARRY	
STREET ADDRESS	1460 TAGUS AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUDES, CLAUDIA	
STREET ADDRESS	1460 TAGUS AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Claudia Rudes S/D* CLAUDIA RUDES SD 7/25/00 305-446-9256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/00)

DH 434734

Attachments

DN 74582

**GOLD CROWN DENTAL LAB  
10715 S.W. 190 STREEET #11  
MIAMI, FLORIDA 33157  
305-238-0268**

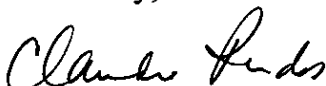
Division of Corporations  
2000 Uniform Business Report  
July 20, 2000

FEI Number 59-1483826  
Document # 434734

Florida Department of State:

I am enclosing my payment for the 2000 Uniform Business Report in the amount of \$150.00 per instructions from your office as I never received the first request for payment. I will in the future make sure that I notify your office if my form does not arrive at the correct time. Thank you.

Sincerely,



Claudia Rudes SD