

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 441503

1. Entity Name

CYPRESS DENTAL LABORATORIES, INC.

**FILED**  
May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90073 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1501 SE 23RD AVENUE

1501 SE 23RD AVENUE

POMPANO BEACH FL 33062

POMPANO BEACH FL 33062-7507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1498139

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

STURM, MARY ANN  
1432 S.W. 25TH WAY  
DEERFIELD BEACH FL 33442

Name

JAMES KAPALKO

Street Address (P.O. Box Number is Not Acceptable)

7520 N.W. 51ST TERRACE

City

POMPANO BEACH

FL

Zip Code

33073

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	PD	<input type="checkbox"/> Delete
NAME	KAPALKO, JAMES	
STREET ADDRESS	7520 NW 51ST TERR	
CITY-ST-ZIP	POMPANO BCH. FL 33073	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STURM, MARY ANN	
STREET ADDRESS	1432 SOUTHWEST 25TH WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STURM, MARY ANN	
STREET ADDRESS	1432 SOUTHWEST 25TH WAY	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/10/00

(954) 942-0128

Daytime Phone #

CR2E034 (9/99)