

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90040 016 \*\*\*150.00

DOCUMENT # 494734

1. Entity Name

PRECISION DENTAL LABORATORY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2700SW 87 Ave.

3. Mailing Address  
2700 SW 87 Ave.

Suite, Apt. #, etc.  
B

Suite, Apt. #, etc. B

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Fl. 33165

City & State  
Miami, Fl. 33165

4. FEI Number  
59-1684862

Applied For  
Not Applicable

Zip  
33165

Country  
US

Zip  
33165

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bosch, Alberto

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

2750 SW 87 Ave Suite B

City Miami

FL

Zip Code 33165

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

January 1st May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Bosch, Alberto 10430 SW 42 St. Miami, Fl. 32185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Saldarriaga, Oscar. 9535 SW 29 St. Miami, Fl. 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto Bosch-President

*Alberto Bosch*

7-02-03 305-552-8981.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone