

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 AUG -6 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 574191

1. Entity Name
VORTEX DENTAL LAB, INC.



Principal Place of Business
59 MERRICK WAY
CORAL GABLES FL 33134

Mailing Address
59 MERRICK WAY
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1853180

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALGON, EMANUEL
59 MERRICK WAY
#204
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P
PALGON, EMANUEL
STREET ADDRESS 59 MERRICK WAY #204
CITY-ST-ZIP CORAL GABLES FL

TITLE NAME ☐ Change ☐ Addition
500022344795
08/15/03--01012--027 **150.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

305-444-7306

CR2E034 (4/03)



July 30 2003

Dear
**FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS**

Please be advised that I have received your **ANNUAL REPORT** form with regard to the current year. I was very surprised to be notified as such, since I have always filed time and recall signing the form, preparing the check and giving it to my former bookkeeper for mailing (filing). Obviously this was quite a surprise and I therefore researched and found out that your check remain outstanding.

I was dependant on my bookkeeper, who is no longer with me. There were other issues which were brought to my attention 9in addition to this one) which necessitated a change.

I respectfully request your not assessing a penalty of \$400.00 in consideration of the above explanation and unfortunate reliance on my bookkeeper. As I stated, **I have always filed my annual report on time**. I have therefore enclosed a check in the amount of \$150.00, in hopes that my request for nonassessment approved.

I look forward to your immediate reply and appreciate your consideration.

Very truly yours,

Emmanuel Palgon