## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan	MENT # 58198° ISS DENTAL LABORATORY, I				Secretary 01-14-2002 90035	of Sta	ate	
Principal Plac	ce of Business	Mailing Address 301 NE 44TH ST						
FT LAUDERDALE FL 33334		FT LAUDERDALE FL 33334						
2. Principal Place of Business		3. Mailing Address		1 185191 911		1 91611 61611 91611 9		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-1840506	— <del>— —</del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. Name and Ac	idress of New Registere	<del></del>	-	
OBSELIE	DOMAI D BANAIC		Name					
GREENE, DONALD WAYNE 301 NE 44 STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
FORT LA	UDERDALE FL 33334	0.5				■ Zip Cod		
٠		•	City		F	L Zip Code	e	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 200 Make Check Payabl	! FEE IS \$150.00 2 Fee will be \$550.0 e to Department of S	Trust I	on Campaign Financing Fund Contribution.	Added	May Be d to Fees	
11.	OFFICERS AND DI		12.	ADDITIONS/CH	IANGES TO OFFICERS AT			
TITLE Name Street address	PTD GREENE, DONALD WAYNE 301 NE 44 ST	□ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 33334	□ Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME Street address City-St-Zip	GREENE, BARBARA S. 301 NE 44 ST FORT LAUDERDALE FL 33334		NAME Street Address - "City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, DAVID W. 301 NE 44 ST FORT LAUDERDALE FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	y signature shall have th	ie same legal effect as	s if made under oath; that	I am an officer	or director	

SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OF PROFES NAME OF SIGNING OFFICER OR DIRECTOR