

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State
 07-16-2002 90349 040 ***550.00

DOCUMENT # F00000001113

1. Entity Name

ORTHALLIANCE NEW IMAGE, INC.

Principal Place of Business

21535 HAWTHORNE BLVD., SUITE 200
 TORRANCE CA 90503

Mailing Address

21535 HAWTHORNE BLVD., SUITE 200
 TORRANCE CA 90503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3850 N. Causeway Blvd
 Suite, Apt. #, etc.
 #800

3. Mailing Address

3850 N. Causeway Blvd
 Suite, Apt. #, etc.
 #800

City & State

Metairie LA

City & State

Metairie, LA

4. FEI Number

95-4780308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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. 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

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SUMMERS, DENNIS 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAYASE, PAUL H 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JAMES C 21535 HAWTHORNE BLVD., SUITE 200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Bart Falgusano Sr 3850 N. Causeway Blvd #800 Metairie, LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Bart Falgusano Jr 3850 N. Causeway Blvd #800 Metairie, LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JAN GROVER 3850 N. Causeway Blvd #800 Metairie, LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SUBSTITUTION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-202

5046344392

Date

Daytime Phone #

CR2E034 (4/02)