

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90155 030 ***150.00

0088952

DOCUMENT # G95133

1. Entity Name

D & C DENTAL LABORATORIES, INC.

Principal Place of Business

Mailing Address

2500 E. HALLANDALE BCH. BLVD. STE. #730
~~2518 EAST HALLANDALE BEACH BLVD.~~
 HALLANDALE FL 33009

2500 E. HALLANDALE BCH. BLVD. STE. #730
~~2518 EAST HALLANDALE BEACH BLVD.~~
 HALLANDALE FL 33009

00038170

2. Principal Place of Business

3. Mailing Address

2500 E. Hallandale bch. Blvd. 2500 E. Hallandale bch. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#703

#703

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip

Country-USA

Zip

Country-USA

33009

Broward

33009

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2388124

Applied For

Not Applicable

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

DOMINGUEZ, CELSO
 2500 E. HALLANDALE BCH., BLVD. STE. #703
 HALLANDALE FL 33009-1817

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.

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, 2001 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 P ☐ Delete
 NAME DOMINGUEZ, CELSO
 STREET ADDRESS 2500 E HALLANDALE #703
 CITY-ST-ZIP HALLANDALE FL

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

TITLE ST ☐ Delete
 NAME DOMINGUEZ, DIMAS
 STREET ADDRESS 2500 E HALLANDALE #703
 CITY-ST-ZIP HALLANDALE FL

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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

President

Date

Daytime Phone #

1-28-01

CR2E034 (10/00)