

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90320 020 ***150.00

DOCUMENT # J29536

1. Entity Name

LASTING IMPRESSIONS DENTAL LABORATORY, INC.

Principal Place of Business

3911 HOLLYWOOD BLVD
3203
HOLLYWOOD FL 33021
US

Mailing Address

3911 HOLLYWOOD BLVD
3203
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

3911 Hollywood Blvd

3911 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33021

USA

33021

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0552221

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

PAPA, CRAIG J.
3911 HOLLYWOOD BLVD
#243
HOLLYWOOD FL 33021

Name Craig Papa

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

3911 Hollywood Blvd
203

City

Hollywood FL

FL

Zip Code

33021

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 *Craig Papa* President

4-16-01

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 NAME STREET ADDRESS CITY-ST-ZIP | PO PAPA, CRAIG J. 3911 HOLLYWOOD BLVD #203 HOLLYWOOD FL 33021 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Craig Papa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

(954) 966-2996

Daytime Phone #

CR2E034 (10/00)

0106566