2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **K00649** 1. Entity Name BSH DENTAL LABORATORY, CO. 04-26-2001 90218 037 ***150.00 Principal Place of Business Mailing Address % ENRIQUE SUAREZ % ENRIQUE SUAREZ 310 LAKEVIEW TERRACE 310 LAKEVIEW TERRACE PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address BSH DENTAL LABORATORY CO. 1714 C.R. 1, Suite 23 Dunchin, FL 34698 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For (727) 734-7699 59-2874842 Not Applicable Z:p Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUAREZ ENRIQUE SUAREZ, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 310 LAKEVIEW TERRACE BSH DENTAL LABORATORY CO. PALM HARBOR FL 34683 1714 C.R. 1, Suite 23 Dunedin, FL 34698 Zip Code (727) 734-7699 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DΡ TITLE ENRIGUE SUPREZ PRESIDE JA Change ☐ Delete TITLE NAME SUAREZ, ENRIQUE NAME STREET ADDRESS 310 LAKEVIEW TERRACE STREET ADDRESS BSH DENTAL LABORATORY CO. CITY-ST-ZIP CITY-ST-ZIP 1714 C.R. 1, Suite 23 Dunedin, FL 34698 (727) 734-7699 PALM HARBOR FL Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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