

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08119

1. Entity Name

T.L.C.-KELI DENTAL LABORATORIES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90088 015 ***150.00

Principal Place of Business 99 N.W. 183RD STREET STE 111 MIAMI FL 33169 US	Mailing Address 99 N.W. 183RD STREET STE 111 MIAMI FL 33020-4856 US
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2. Principal Place of Business 2632 Hollywood Blvd	3. Mailing Address 2632 Hollywood Blvd
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Suite, Apt. #, etc. # 208	Suite, Apt. #, etc. # 208
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City & State Hollywood FL	City & State Hollywood, FL
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Zip 33020	Country US	Zip 33020	Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0015820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GUARAZ, JOSE
99 N.W. 183RD STREET
STE 111
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: GUARAZ, JOSE
Street Address (P.O. Box Number is Not Acceptable): 2632 Hollywood Blvd #208
City: Hollywood FL Zip Code: 33020

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 _____ (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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUARAZ, MARTHA F. 2403 N.E. 202 STREET NO. MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUARAZ, JOSE 2403 N.E. 202 STREET NO. MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LONDONO, ROD 19950 N.W. 62ND AVENUE MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONDONO, MARGARITA B 19950 N.W. 62ND AVENUE MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GUARAZ 954-920-1555
Date: 04/10/00 Daytime Phone #

CR2000 (1/98)