2000 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am Secretary of State **DOCUMENT # M32350** TANDEM DENTAL LAB, INC. 02-22-2000 90034 037 ***150.00 Principal Place of Business Mailing Address 298 NORTHEAST 117 STREET SOUTHWEST 6 STREET NORTH MIAMI FL 33161-6102 FL 33130 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2679288 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UEDA, TORU Street Address (P.O. Box Number is Not Acceptable) 6099 HOLLYWOOD BLVD. HOLLYWOOD FL 33024 Zip Code The above named entire secrets to both, in the State of Florida. DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (9/99) Change TITLE D ☐ Delete NAME UEDA, TORU STREET ADDRESS 298 NORTHEAST 117 STREET ÇT ZIP CITY-ST-ZIP NORTH MIAMI FL Addition ☐ Change ☐ Delete ueda, barbara STREET ADDRESS 298 NORTHEAST 117 STREET CITY-ST-ZIP ST-710 NORTH MIAMI FL ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition TITLE Delete NAME STREET ADDRESS AISTONECO CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **PMAN** STREET ADDRESS Annough CITY-ST-7IP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 empowèred. Daytime Phone

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