

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90037 028 ***150.00

DOCUMENT # *1469758*
Entity Name
HIGH-TECH DENTAL LAB, INC. P

Principal Place of Business *221 SW. 22nd Ave*
Suite 255-256
Miami, FL 33135

Mailing Address
Same

A0071250

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number *65-0031063*
 Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Pedrajes, MARITZA
11741 S.W. 122nd Ave.
Miami, FL 33186

7. Name and Address of New Registered Agent
 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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<i>PTD</i>	
CITY-ST-ZIP	<i>PITA, DELIA</i>	
	<i>17424 SW. 140th COURT</i>	
	<i>Miami, FL 33177</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<i>SVD</i>	
CITY-ST-ZIP	<i>Pedrajes, MARITZA</i>	
	<i>11741 S.W. 122 Ave.</i>	
	<i>Miami, FL</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 power like empowered.

SIGNATURE: *[Signature]* *(DELIA PITA)* *7/27/00* *305-6492675*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

7/27/00

UBR
DIVISION OF CORPORATIONS
P.O. BOX 1400
TALLAHASSEE, FL 32302

TO WHOM IT MAY CONCERN

I RECENTLY REQUESTED THE
APPLICATION BECAUSE I DON'T KNOW
WHY THIS YEAR, WE NEVER GOT IT.
I NOTIFIED AS SOON AS I NOTICED.
THE PERSON I SPOKE WITH SAID
NO TO WORRY ABOUT LATE FEE, BECAUSE
IT WASN'T MY FAULT.

HERE I ENCLOSED A
CHECK FOR \$150.00 AS HE TOLD
ME.

THANK YOU SO MUCH,
DEBRA PITA