

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0019523

DOCUMENT # P00000031127

04-23-2001 90096 046 ***150.00

1. Entity Name
CARDOZO DENTAL LABORATORY, INC.

Principal Place of Business 445 W. LANTANA RD. STE 4 2ND FLOOR LANTANA FL 33462	Mailing Address 445 W. LANTANA RD. STE 4 2ND FLOOR LANTANA FL 33462
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00001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 445 W LANTANA RD Suite, Apt. #, etc. STE 4 2 ND FLOOR City & State LANTANA, FLORIDA Zip 33462	Country	3. Mailing Address 445 W LANTANA RD Suite, Apt. #, etc. STE 4 2 ND FLOOR City & State LANTANA, FLORIDA Zip 33462	Country
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4. FEI Number 65 0996174	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
HAGAN, MARIA D
5572 BOYNTN CIR. PL
BOYNTON BEACH FL 33437

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, 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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME MARIA D. HAGAN	
STREET ADDRESS 5572 BOYNTON PLACE	
CITY-ST-ZIP BOYNTON BCH, FL 33437	
TITLE VICE - PRESIDENT	<input type="checkbox"/> Delete
NAME MARTHA MARTINS	
STREET ADDRESS 5572 BOYNTON PLACE	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: MARIA D. HAGAN (561) APRIL 17 2001 493-3430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)