

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 08:00 AM^{AI}
Secretary of State

DOCUMENT #	P01000021903
1. Entity Name	
NOVA DENTAL LABORATORY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1080 SUNSET STRIP			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SUNRISE, FL			
Zip	Country	Zip	Country
33313-6106			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1087517		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Addition- Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PRESIDENT	RUBEN CULEBRO	6395 BARTON CREEK CIR		
		LAKE WORTH FL 33463			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME

U000000311132
04/18/05-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RUBEN CULEBRO PRESIDENT** **4/8/2005** **(954) 792-7979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**