

**2003 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90213 026 \*\*\*150.00

DOCUMENT # P01000022382

1. Entity Name

DM DENTAL LAB OF SOUTH FLORIDA INC.

Principal Place of Business

12225 SW 129th Ct.,  
Miami FL 33186

Mailing Address

12225 SW 129th Ct.,  
Miami FL 33186**90136674**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0444200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYURI, DAVID

9962 S.W 153rd Street  
Miami FL 33157

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2003 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MAYURI, DAVID	9962 S.W 153rd Street	Miami FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Day:

Daytime Phone #

Attachment #

90136674

Division of Corporations  
Tallahassee, FL 32302

REF: DM DENTAL LAB OF SOUTH FLORIDA INC.

DOC #: ~~P01000022381~~

~~ANNUAL BUSINESS REPORT~~ 2003

TO WHOM IT MAY CONCERN:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,



President