3/26/

**FILED**
**Apr 23, 2002 8:00 am**
**Secretary of State**
03-26-2002 90011 015 ****61.25
04-23-2002 90427 004 ****97.50

637147

[redacted]

DO NOT WRITE IN THIS SPACE

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030203

1. Entity Name
EXCLUSIV DENTAL ART STUDIO CORP.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1396 DUNLAWTON AVE | 1396 DUNLAWTON AVE. |
| Suite, Apt. #, etc.: A | Suite, Apt. #, etc.: A |
| City & State: PORT ORANGE | City & State: PORT ORANGE |
| Zip: 32127 Country: VOLUSIA | Zip: 32127 Country: VOLUSIA |

4. FEI Number: 22-3792418 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NATALIA RUBANOVA

Street Address (P.O. Box Number is Not Acceptable): 1670 N.E. 191 STREET APT. 303

City: NORTH MIAMI BEACH FL Zip Code: 33179

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: N. Rubanova NATALIA RUBANOVA PRESIDENT 03.07.2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>NATALIA RUBANOVA<br>1670 N.E. 191 STRET APT. 303<br>N. MIAMI BEACH FL-33179 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

#634468

SIGNATURE: N. Rubanova NATALIA RUBANOVA 03.07.2002 (786)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #