


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91501 032 \*\*\*150.00

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

DOCUMENT # <u>P010000 33995</u>	
1. Entity Name <u>A&amp;N DENTAL LAB, INC.</u>	

**DO NOT WRITE IN THIS SPACE**

10089294

2. Principal Place of Business <u>7593 ENTERPRISE DR.</u> Suite, Apt. #, etc. <u>1</u>	3. Mailing Address <u>7593 ENTERPRISE DR.</u> Suite, Apt. #, etc. <u>1</u>
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DO NOT WRITE IN THIS SPACE

City & State <u>WEST PALM BEACH FL.</u>	City & State <u>WEST PALM BEACH FL.</u>
Zip <u>33404</u>	Zip <u>33404</u>
Country <u>PALM BEACH</u>	Country <u>PALM BCH</u>

4. FEI Number <u>65-1089169</u>	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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<b>DO NOT WRITE IN THIS SPACE</b>	
	7. Name and Address of Current Registered Agent
	Name <u>HABIB HAMDAN</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>1963 BRANDYWINE RD #101</u>

City <u>WEST PALM BEACH</u>	FL	Zip Code <u>33409</u>
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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 *Habib Hamdan* PRESIDENT DATE 4-24-03  
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>HABIB HAMDAN</u> <u>1963 BRANDYWINE ROAD #101</u> <u>WEST PALM BEACH FL 33409</u>

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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: *Habib Hamdan* DATE 4-24-03 (561) 845-2343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)