

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90001 026 ***150.00

DOCUMENT # P01000038862

1. Entity Name

M & B ORTHODONTIC LABORATORY, INC.



Principal Place of Business

**2045 MADISON STREET
HOLLYWOOD FL 33020**

Mailing Address

**2045 MADISON STREET
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1141153

Applied For

Not Applicable

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

**MITRAN, AURELIA
1012 NE 10TH STREET
HALLANDALE FL 33009**

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MITRAN, AURELIA	
STREET ADDRESS	1012 NE 10TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOROMBOZIN, RODICA	
STREET ADDRESS	1714 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOROMBOZIN, MILAN	
STREET ADDRESS	1714 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MITRAN, FLOREA	
STREET ADDRESS	1012 NE 10TH STREET	
CITY-ST-ZIP	HALLANDALE L 33009	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aurelia Mitran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-2004(954)927-0921

Date

Daytime Phone #