2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State P01000066581 DOCUMENT # 09-17-2002 90107 040 ***150.00 MAR MINA DENTAL LAB. INC. Principal Place of Business Mailing Address 3614 CYPRESS MEADOWS RD 3614 CYPRESS MEADOWS RD-872511 TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business 15145 15145 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-357412 ampa amp Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name SCBKY, NADER G Street Address (P.O. Box Number is Not Acceptable) 3614 CYPRESS MEADOWS RD TAMPA FL 33624 Zip Code 33625 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SOBKY, NADER G NAME NAME 3614 CYPRESS MEADOWS RD STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #

SIGNATURE:

AHachment 872511

Mar Mina Dental Lab, Inc.
Document # P01000066581
FEI # 59-3574121

Florida Department of State:

We had never received any information regarding the 2002 Uniform Business Report because there had been a change of address. Enclosed you will find a payment of \$150.00 towards the filing fees. The new residents at our former address had just recently hand delivered to us the UBR form sent in the name of Mar Mina Dental Lab, Inc. Please waive the penalty because we had not received the UBR form as previously stated. Your cooperation is greatly appreciated. If any further information is required, please call (813)960-5994.

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