


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000020790	
1. Entity Name Alpha Dental Lab, Inc.	

FILED
04 JUN 14 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18800 NW 2 AV.	3. Mailing Address 18800 NW 2 AV.
Suite, Apt. #, etc. 113	Suite, Apt. #, etc. 113
City & State Miami FL.	City & State Miami FL.
Zip 33169 Country DADE	Zip 33169 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 223860689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BARBARO R. ALVAREZ	
	Street Address (P.O. Box Number is Not Acceptable) 3900 SW 53 AV.	
	City Miami FL.	Zip Code 33314

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 reconstituting)

DATE

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	DIRECTOR EMPERADA ALVAREZ 3900 SW 53 AV. DAVIS FL 33314	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300038355813 06/28/04--01064--011 **150.00
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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:

Barbaro R. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-04 (305) 651-4533
Date Daytime Phone #

CR2E034B (12/02)

ALPHA DENTAL LAB, INC
18800 NW 2 ave suite 113
Miami, FL 33169
TEL: (305) 651-4533

To: Secretary of State

I understand I am late with
the annual fees. I did not receive
notification by mail. like last
year. therefore I forgot.

Please accept my apologies.

I am sending a check with
Empire Corporate Kit Company.

x Barbara R. Henry