

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

DOCUMENT # P02000115829

1. Entity Name

CORAL GABLES DENTAL LAB, INC



FILED

03 OCT 14 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
115 MENORES AVE

3. Mailing Address  
115 MENORES AVE

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
# 12

Suite, Apt. #, etc.  
# 12

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
90-0052826

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

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 OSORIO, JUAN C

Street Address (P.O. Box Number is Not Acceptable)

115 MENORES AVE # 12

City CORAL GABLES FL Zip Code 33134

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

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	OSORIO, JUAN C PRESIDENT 115 MENORES AVE # 12 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSORIO, CLAUDIA VICE-PRESIDENT 115 MENORES AVE # 12 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/2003

(305) 443-0463

Date

Daytime Phone #

CR2E034B (12/02)

21 10/115