

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-30-2003 90032 020 ***150.00

DOCUMENT # P02000131451

1. Entity Name

C. Y. K. DENTAL LAB INC.



Principal Place of Business
4312 WEST BROWARD BLVD
PLANTATION FL 33317

Mailing Address
3832 NW, 63RD COURT
COCONUT CREEK FL 33073

55046492



2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0809035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DING, YAN
3832 NW, 63RD COURT
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Ding, Yan

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

3832 NW, 63rd Court

City

Coconut Creek

FL

Zip Code

33073

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

4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 P
NAME KOLBER, RICHARD P
STREET ADDRESS 3832 NW, 63RD COURT
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE V
NAME ZHAO, CINDY
STREET ADDRESS 3832 NW, 63RD COURT
CITY-ST-ZIP COCONUT CREEK FL 33073

☒ Delete

TITLE V
NAME DING, YAN
STREET ADDRESS 3832 NW, 63RD COURT
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

9546638553

Daytime Phone #

CR2E034 (10/02)