2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P93000023328

1. Entity Name

DTC DENTAL LABORATORY, INC.

Principal Place of Business	Mailing Address
14159 SW 142 AVE	14159 SW 142 AVE
MIAMI FL 33186	SUITE 210
	MIAMI FL 33186

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	

4. FEI Number 65-0397977	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
OROPEZA, ENRIQUE D	Name
14159 SW 142 AVE	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33186	
	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $550.00** After September 13, 2002 Fee will be $750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD NAME OROPEZA, ENRIQUE D STREET ADDRESS 14159 SW 142 AVE CITY-ST-ZIP MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME OROPEZA, GEORGINA STREET ADDRESS 14159 SW 142 AVE CITY-ST-ZIP MIAMI FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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.

SIGNATURE: ___SIGNATURE REQUIRED___   08-29-02   305-252-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #