

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90028 012 ***150.00

DOCUMENT # P93000064746

1. Entity Name
PRO-CARE ORTHODONTIC LABORATORY, INC.

Principal Place of Business

**5822 SW 73RD STREET
 MIAMI FL 33143
 US**

Mailing Address

**PO BOX 832642
 MIAMI FL 33283-2642
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8890 S.W. 24 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
216

City & State
MIAMI, FL.

City & State

4. FEI Number **65-0436692**

Applied For

Not Applicable

Zip
33165

Country
DADE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, JOSE E
 5822 SW 73RD STREET
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **JOSE E. GUTIERREZ**

Street Address (P.O. Box Number is Not Acceptable)
8890 S.W. 24 ST.

SUITE 216

City **MIAMI** FL **33165**

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/02

9. This corporation is eligible to satisfy its financial reporting requirements and elects to do so:
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be Added to Fees ☐

11. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
 NAME **GUTIERREZ, JOSE E**
 STREET ADDRESS **5822 SW 73ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **GUTIERREZ, JOSE E.**
 STREET ADDRESS **8890 SW 24 ST., # 216**
 CITY-ST-ZIP **MIAMI, FL. 33165**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)