

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 041 ***150.00

DOCUMENT # P93000074414
1. Entity Name
All Emergency Denture Soc, Inc

B0056760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 E Oakland Pk Bunkamc
3. Mailing Address
201 E Oakland Pk Bunkamc
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE .

4. FEI Number 65-0450019 **Applied For** ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
City & State FL **City & State** FL
Zip 33334 **Country** US **Zip** 33334 **Country** US

7. Name and Address of Current Registered Agent
Name Alexander Wang
Street Address (P.O. Box Number is Not Acceptable) 11021 SE 3 CT
City Oakfield **State** FL **Zip** 33411

**DO NOT WRITE
IN THIS SPACE**

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 [Signature] **DATE** 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>Alexander Wang</u> <u>11021 SE 3 CT</u> <u>Oakfield Bch, FL 33411</u>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **DATE** 3/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)