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1	CR2E034 (

2000 UNIFORM BUSINESS REPORT (UBR)

M		581		DOCUMENT # P9400C 1. Entity Name E & S DENTAL LABORATORY, INC.			
		ng Address	Mailir	ness	Principal Place of B		
() () () ()		CORAL WAY 206 FL 33165-2060	SUITE	8890 CORAL WAY SUITE 206 MIAMI FL 33165 US			
		3. Mailing Address Suite, Apt. #, etc.			2. Principal Place of Business Suite, Apt. #, etc.		
4. FEI Number		yl& State	City		City & State		
5. Certificate of	Country		Zip	Country	Zip		
7. Name and A	Name	6. Name and Address of Current Registered Agent					
lress (P.O. Box Number	Street Addre			DURAN, ERIC R 9324 CARLYLE AVE SURFSIDE FL 33154			
	City						

FILED lar 21, 2000 8:00 am Secretary of State 03-21-2000 90030 016 ***150.00



			3. Mailing	ailing Address itte, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
			Suite, Ar								
City & State City		City & St	& State		4. F	FEI Number 65-0502674			plied For		
Zip	Co	untry	Zip	Country			Certificate of Status Desired S8.75 Addition Fee Required			litional	
	6. Name and	Address of Current Re	gistered A	gent		7. N	lame and Address of New Reg	istered A	gent		
					Name				_		
DURAN, ERIC R 9324 CARLYLE AVE SURFSIDE FL 33154					Street Addr	ess (P.O. 8	ox Number is Not Acceptable)				
					City			FL	Zip Code		
8. The above	named entity sub	mits this statement for t	ne purpose	of changing its re-	gistered office or reg	gistered age	ent, or both, in the State of Florid	ia.			
SIGNATURE .	Signature, typed or printe	ed name of registered agent and	title if applicabl	le. (NOTE: R	egistered Agent signature re	equired when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			Make	fter MAY 1, 2000	FEE IS \$150.00 Fee will be \$550 to Department of	State	10. Election Campaign Finar Trust Fund Contribution.		Added	May Be I to Fees	
11.		OFFICERS AND DI	RECTORS		12.	AD_	DITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-ZIP	D Duran, Eric 8890 Coral Miami Fl			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ De'ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
13. I hereby of indicated	certify that the info	rmation supplied with the supplemental report is to	nis filing doe ue and acc	es not qualify for the curate and that my	signature shall have	the same I	119.07(3)(i), Florida Statutes. If legal effect as if made under oa	th; that I ar	m an omcer	or airector	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(303) 8(7-6779 Daytime Phone #