

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068143 (3) ✓
Entity Name
DENT CAST DENTAL LABORATORIE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90039 005 ***150.00

Principal Place of Business Mailing Address
075 BRIGHT DR. 11826 S.W. 203 TERR.
DALEAH, FL. 33010 MIAMI, FL. 33177

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0606804 Not Applicable

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

6. Name and Address of Current Registered Agent
LOZADA, XIOMARA
11826 S.W. 203 TERR.
MIAMI, FL. 33177.

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FEES NOW IN EFFECT
After MAY 1, 2000 Fees will be \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LOZADA, XIOMARA			NAME		
11826 S.W. 203 TERR.			STREET ADDRESS		
MIAMI - FL. 33177			CITY-ST-ZIP		
VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LOZADA, OSCAR E.			NAME		
11826 S.W. 203 TERR.			STREET ADDRESS		
MIAMI - FL. 33177.			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: Xiomara Lozada 4/23/00 (305) 233-4752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #