

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076578

1. Entity Name

PEDRO PABLO DENTAL LAB, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 021 ***150.00

Principal Place of Business

Mailing Address

600 E. 8th Lane
Hialeah, Fla
33010

2. Principal Place of Business

9809 N.W. 80th Avenue

3. Mailing Address

P.O. Box 126733

Suite, Apt. #, etc.

Bay 9W

City & State

Hialeah Gardens, Fl

Suite, Apt. #, etc.

City & State

Hialeah, Fl

DO NOT WRITE IN THIS SPACE

4. FEI Number

N/A =

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

PEDRO P. GONZALEZ
600 E. 8th LANE
Hialeah, Fl 33010

Name

PEDRO P. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

989 W. 79th Street

Hialeah, Fl 33014

City

Hialeah, Fl

FL

Zip Code
33014

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  Pedro P. Gonzalez/President 5/5/00

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PEDRO P. GONZALEZ
989 W. 79th St
Hialeah, Fl 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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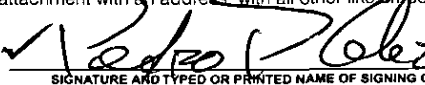
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  Pedro P. Gonzalez 5/5/00 (305) 822-5282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)