

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90053 013 ***150.00

DOCUMENT # P95000083058

1. Entity Name
B & V DENTAL LAB, INC.



Principal Place of Business
**1919 NORTH STATE ROAD 7
MARGATE FL 33063 Suite 100**

Mailing Address
**1919 NORTH STATE ROAD 7
MARGATE FL 33063**



2. Principal Place of Business
1919 N State Rd H7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Margate FL

City & State

Zip
33063

Country
Broward

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0623826**

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

**FRIEDMAN, MARC
1919 NORTH STATE ROAD 7
MARGATE FL 33063**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BARCENAS, EVERADO
1919 N. STATE ROAD 5
MARGATE FL 33063** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARCENAS, EVERADO
1919 N. STATE ROAD 5
MARGATE FL 33063** ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-03 (954) 975-9780

CR2E034 (4/03)

Attachment September 4, 2003

80146838
P95000083058

To Whom My Concert:

This letter is to confirm that we do not
recieve the 2003 uniform business report on
time. The matter of the problem was ^{the} a postman
miss placed the 2003 file form. he delivery to
another suite number.

Our intetion is pay on time each year; since
we opened for business we never be so late.

Please review our case and recived our apologies,
this situation never gonna a happen again and also
thanks for your cooperation to bring us all the
~~prod~~ procedure require to prevent penalties.

Sincerely Enrique Barcenas

1) attach a check with the amount of \$1500... owner
and the miss place 2003 file