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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028687 (7)

1. Corporation Name
UNITED DENTAL LAB, INC.

Principal Place of Business
254 S. COUNTY ROAD 427, SUITE 136
LONGWOOD FL 32750

Mailing Address
254 S. COUNTY ROAD 427, SUITE 136
LONGWOOD FL 32750-5490



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/27/1996

3a. Date of Last Report

Jan 13 1997

4. FEI Number

59-3370786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, SANG CHO
800 N. FERNOCREEK AVE., SUITE 16
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

Hwan CHOI

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

254 S. CL 427 #136

83

Longwood

84 City

FL

85 Zip Code
32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Hwan Chai

(NOTE: Registered Agent signature required when reinstating)

Jan 13 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHOI, JIN O
STREET ADDRESS 1312 HAMPSHIRE PLACE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VS
NAME CHOI, HWAN D
STREET ADDRESS 1312 HAMPSHIRE PLACE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hwan Chai Hwan D. CHOI

Jan 13 1997 (407) 333-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)