

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063813

1. Entity Name
GINA'S DENTAL LAB., INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90002 039 ***150.00

Principal Place of Business
13086 S.W. 132 COURT
MIAMI - FL. 33186

Mailing Address
16523 S.W. 75 terrace
MIAMI - FL. 33193

2. Principal Place of Business
13086 S.W. 132 COURT

3. Mailing Address
16523 S.W. 75 terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI - Florida

City & State
MIAMI - Florida

4. FEI Number 65-0769474

Applied For
Not Applicable

Zip 33186 Country USA

Zip 33193 Country USA

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

LARRAZABAL, MARTA L
220 MIRACLE MILE
SUITE 217
CORAL GABLES FL 33134

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.

SIGNATURE _____ (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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS SANABRIA, GINA A
CITY-ST-ZIP 13014 S.W. 120TH STREET
MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Gina A. Sanabria GINA A. SANABRIA

305-259-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)