

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90252 011 \*\*\*150.00

**DOCUMENT # P97000063813**

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



Principal Place of Business  
**13086 SW 132ND COURT  
MIAMI FL 33186**

Mailing Address  
**16523 SW 75TH TERRACE  
MIAMI FL 33193**

**10026940**



2. Principal Place of Business  
**13086 S.W 132 CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**16523 S.W 75 terrace**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami - FL**

City & State  
**Miami - FL**

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**

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

**7. Name and Address of New Registered Agent**

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 \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**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 **D** ☐ Delete  
NAME **SANABRIA, GINA A**  
STREET ADDRESS **13014 S.W. 120TH STREET**  
CITY-ST-ZIP **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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**GINA A. SANABRIA**

**1-8-2003 305-259-4633**

Date Daytime Phone #

CR2E034 (10/02)