

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000068546**

1. Entity Name

AVANT GARDE DENTAL LABORATORY INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90026 027 ***150.00

| | |
|--|--|
| Principal Place of Business 4350 W WALTERS AVE 103 TAMPA FL 33614 US | Mailing Address 4350 W WALTERS AVE 103 TAMPA FL 33614 US |
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| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3476140 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****HAN, PYONG H**
8001 N DALE MABRY
SUITE 7018
TAMPA FL 33614

Name

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

4350 W. Walters Ave. #103

City

Tampa**FL**

Zip Code

33614**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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | P HAN, PYONG H 8001 N DALE MABRY HWY, SUITE 701A TAMPA FL 33614 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001

Date

837880-8432

Daytime Phone #

CR2E034 (10/00)