2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2000 8:00 am
Secretary of State
05-10-2000 90140 035 ***150.00

DOCUMENT # P97000075515

1. Entity Name

STAR DENTAL LAB INC.

Principal Place of Business	Mailing Address
749 NW FLORESTA DR ST. LUCIE FL 34983	6791 SOUTH US HIGHWAY 1 PORT ST. LUCIE FL 34952-1428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1532 SE Village Green Dr	1532 SE Village Green Dr
Suite, Apt. #, etc.: Ste N	Suite, Apt. #, etc.: Ste N
City & State: Port St. Lucie FLA	City & State: Port St. Lucie
Zip: 34952 Country: St. Lucie	Zip: FLA 34952 Country: St. Lucie

4. FEI Number: APPLIED FOR ☐ 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
BOX, KIM 6791 SOUTH US HIGHWAY 1 PORT ST. LUCIE FL 34952	Name: Kim Box Street Address (P.O. Box Number is Not Acceptable): 1532 SE Village Green dr. Ste N City: Port St. Lucie FL Zip Code: 34952

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: Kim Box 3-27-00
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, 2000 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D ☐ Delete DEPIRRO, STEVE 749 NW FLORESTA DRIVE PORT ST. LUCIE FL 34984	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
D ☐ Delete BOX, KIM 6453 OLD DIXIE HIGHWAY FORT PIERCE FL 34946	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: Kim Box 3-28-00 (561) 489-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION # P97000075515
305436

561 489 6777
9-10-97

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

FORM X - PART 1
EIN 65-0728[illegible]
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
STAR DENTAL LAB INC

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
6791 S. US 2

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
PORT St. Lucie FL 34952

5b City, state, and ZIP code

6 County and state where principal business is located
St. Lucie, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
STEPHEN DEPIRRO 073 64 0750

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) _____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) _____
- ☐ Other (specify) ▶ _____
- ☒ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☐ Personal service corp.
- ☐ National guard
- ☒ Other corporation (specify) DENTAL LAB
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: FLORIDA; Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ DENTAL LAB
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
8-29-97

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ N/A

13 Enter highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (See instructions.) ▶ MANUFACTURING DENTAL PROSTHETICS

15 Is the principal business activity manufacturing? ☒ Yes ☐ No
If "Yes," principal product and raw material used ▶ Porcelain, metal

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☒ Other (specify) ▶ Wisconsin dentist ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b *If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.*
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ STEPHEN DEPIRRO PRES. (561) 489-6777

Signature ▶ Stephen DePirro Date ▶ 9-6-97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-93)

000101-15

FAX - 770 - 455 - 2660

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