

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90164 007 \*\*\*150.00

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**DOCUMENT # P97000109114**

1. Entity Name

APO ORTHODONTIC AND DENTAL LAB, INC.



Principal Place of Business  
274 WILSHIRE BLVD., STE. 231  
CASSELBERRY FL 32707

Mailing Address  
2125 AMADOR PL  
OVIEDO FL 32765

2. Principal Place of Business

274 Wilshire Blvd., Ste. 231

3. Mailing Address

2125 Amador Pl.

Suite, Apt. #, etc.

Suite 231

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Oviedo, FL

Zip

32707

Country

U.S.A.

Zip

32765

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3490985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OUANO VELOSO, RIGOBERTO M  
2125 AMADOR PL  
OVIEDO FL 32765

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

TITLE PS ☐ Delete  
NAME VELOSO, RIGOBERTO MANUEL OUANO  
STREET ADDRESS 2125 AMADOR PL  
CITY-ST-ZIP OVIEDO FL 32765

TITLE VT ☐ Delete  
NAME VELOSO, MELANIE  
STREET ADDRESS 2125 AMADOR PL  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Manuel O. Veloso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT APRIL 30, 2003 407-976613

Date

Daytime Phone #

CR2E034 (10/02)