

# 2001-UNIFORM-BUSINESS-REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90078 026 \*\*\*150.00

DOCUMENT # P99000007834

1. Entity Name

PALANCAR DENTAL LAB, INC.

Principal Place of Business

6850 SW 24TH STREET, STE. #301  
MIAMI FL 33155

Mailing Address

6850 SW 24TH STREET, STE. #301  
MIAMI FL 33155

2. Principal Place of Business

6850 SW 24 STREET

3. Mailing Address

6850 SW 24 STREET

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0890499

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

PALANCAR, JOSE F

6850 SW 24TH STREET, STE. #301  
MIAMI FL 33155

Name

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

6850 SW 24 STREET STE #310

City

MIAMI

FL

Zip Code

33155

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

*Jose F Palancar*

JOSE F Palancar

4/9/01

(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 ☐ Delete  
NAME D  
STREET ADDRESS PALANCAR, JOSE F  
CITY-ST-ZIP 6850 SW 24TH STREET, STE. #301  
MIAMI FL 33155

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6850 SW 24 ST STE #310  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☒ Delete  
NAME ALONSO, HECTOR  
STREET ADDRESS 6850 CORAL WAY, SUITE 310  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE F Palancar

4/9/01

Date

(305) 667-9966

Daytime Phone #

CR2E034 (10/00)