

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050904

1. Entity Name

MERCY'S CERAMIC DENTAL LAB CORP.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90139 043 ***150.00

Principal Place of Business

Mailing Address

406 CROFTON DRIVE
OCOE FL 34761

406 CROFTON DRIVE
OCOE FL 34761-4702

104000

2. Principal Place of Business

3. Mailing Address

13049 Water Point Blvd

13049 Water Point Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WINDERMERE, FL.

WINDERMERE, FL

4. FEI Number

Applied For

59-3581220

Not Applicable

Zip

Country

Zip

Country

34786

ORANGE

34786

ORANGE

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

ORCHILLES, MERCEDES E.

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

13049 WATER POINT BLVD.

City

WINDERMERE

FL

Zip Code

34786

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

MERCEDES ORCHILLES

[Signature]

1/14/00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ORCHILLES, MERCEDES E
406 CROFTON DRIVE
OCOE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ORCHILLES, MERCEDES E.
13049 WATER POINT BLVD.
WINDERMERE FL. 34786 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

MERCEDES ORCHILLES

[Signature]

1/14/00

407-8760955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05024 (0/00)