

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 12 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000066476**  
1. Entity Name  
**Rdando Dental Lab, Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

**40959**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7152 Pembroke Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Hollywood, FL**  
Zip **33023** Country

City & State  
City & State  
Zip Country

4. FEI Number **65-0943584** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Samuel R. Barrios**  
Street Address (P.O. Box Number is Not Acceptable)  
**7471 Sheridan St.**  
City **Hollywood FL** Zip Code **33024**

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 *Samuel R. Barrios*  
Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD Barrios Samuel R.  
7471 Sheridan St  
Hollywood, FL 33024**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel R. Barrios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dryline Phone #

CR20046 (12/01)

Attachment

40959

P9900000666776

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ROLANDO DENTAL LAB, INC.**

Thank you for your courtesy in this matter.

*Samuel R. Barrios*

**SAMUEL R. BARRIOS**  
**PRESIDENT**