

FILED
Jul 07, 2003 8:00 am
Secretary of State

06-16-2003 90147 030 ***150.00

6/10

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 99000066476

1. Entity Name

ROLANDO DENTAL LAB, INC.



DO NOT WRITE IN THIS SPACE

44005399

2. Principal Place of Business

7471 SHERIDAN ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL 33024

ZIP

Country

City & State

Zip

Country

4. FEI Number

65-0943584

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SAMUEL P. BARRIOS

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

7471 SHERIDAN ST

City

HOLLYWOOD

FL

Zip Code

33024

**DO NOT WRITE
 IN THIS SPACE**

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 changing)

06-09-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | NAME | STREET ADDRESS | CITY-STATE-ZIP |
|-------|--------------------------|-------------------------|----------------------------|
| P | SAMUEL P. BARRIOS | 7471 SHERIDAN ST | HOLLYWOOD, FL 33024 |
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| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ** Samuel P Barrios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-09-03

Date

Director's Phone #

CR2E034B (12/02)