

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90112 032 ***150.00

SECRETARY

DOCUMENT # V15807

1. Entity Name
GOLD COAST PRECISION DENTAL LABS, INC.



Principal Place of Business
**2114 N UNIVERSITY DR
SUNRISE FL 33322
US**

Mailing Address
**2114 N UNIVERSITY DR
SUNRISE FL 33322
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0311515**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ARAFET, SANDRA E
13761 NW 22ND ST
SUNRISE FL 33323**

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 *Sandra E Arafet* **4/15/03**
Signature, typed or printed name of registered agent or trustee 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 NAME STREET ADDRESS CITY-ST-ZIP	P ARAFET, ALFREDO M. 11660 NW 41ST ST. SUNRISE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARAFET, SANDRA E 13761 NW 22ND ST SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFREDO M. ARAFET 13761 NW 22 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDRA E. ARAFET 13761 NW 22 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPELLING OF NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 an other like empowered.

SIGNATURE: *Alfredo M. Arafet* **4/15/03** *Sandra E Arafet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)