## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 623399 1. Entity Name E.A. FROMEN ORTHODONTIC LAB, INC. Principal Place of Business Mailing Address 8333 W NCNAB RD #115 8333 W NCNAB RD #115 TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State - · · Zip\_ --Country--ــــرا*Z*اد --6. Name and Address of Current Registered Agent KACZMAREK, JOHN C., P.A. 900 N. FEDERAL HIGHWAY **BOCA RATON FL 33432** City

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

FROMEN, EDWARD A.

6556 NW 87TH AVE.

PARKLAND FL

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

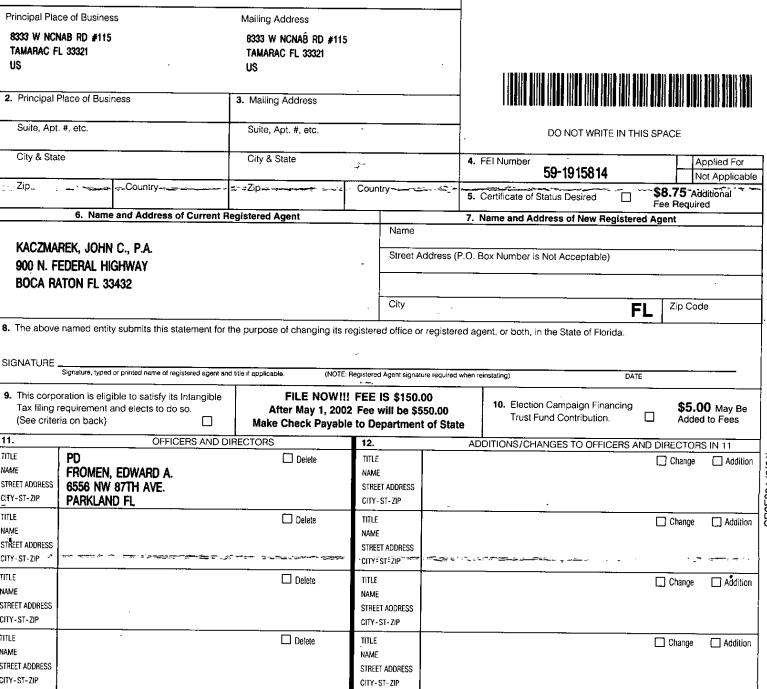
STREET ADDRESS

SIGNATURE

C!TY-ST-ZIP

## FILED May 06, 2002 8:00 am § Secretary of State

05-06-2002 90289 012 \*\*\*150.00



TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY STEZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

Delete

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP