



Companies House

AR01 (ef)

Annual Return



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Company Name: **CARTERHOUSE DENTAL LABORATORY LIMITED**

Company Number: **07346316**

Date of this return: **16/08/2014**

SIC codes: **74909**

Company Type: **Private company limited by shares**

Situation of Registered Office: **239 BULLSMOOR LANE
ENFIELD
MIDDLESEX
UNITED KINGDOM
EN1 4SB**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MR ZACHARIAS**

Surname: **HAJIKYPRI**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **14/10/1963**

Nationality: **BRITISH**

Occupation: **DENTAL TECHNICIAN**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

ORDINARY SHARES WITH FULL VOTING RIGHTS AND FULL PARTICIPATION IN INCOME AND CAPITAL DISTRIBUTIONS

Class of shares	B ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THESE SHARES HAVE NO VOTING RIGHTS

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	200
		<i>Total aggregate nominal value</i>	200

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 16/08/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 100 ORDINARY shares held as at the date of this return
Name: ZACHARIAS HAJIKYPRI

Shareholding 2 : 100 B ORDINARY shares held as at the date of this return
Name: MARIE GRIMWOOD

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.