

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

0071206

DOCUMENT # N94000001649

04-02-2001 90311 009 ****61.25

1. Entity Name

DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATI

Principal Place of Business

Mailing Address

1839 LINDSAY AVE
 LEHIGH ACRES FL 33936
 US

P. O. BOX 922
 LEHIGH ACRES FL 33970-0922
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0481675

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAUS, BARTH
1862 LOCKHAVEN CT.
LEHIGH ACRES FL 33936

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.

SIGNATURE *Klaus Barth* *Klaus Barth - Treasurer* *Mar-29-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	KLAUS, BARTH	1862 LOCKHAVEN CT.	LEHIGH ACR. FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
D	FAHRNGRUBER HANS, JOACHIM	1841 LOCKHAVEN CT.	LEHIGH ACR. FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
D	FRUSTERI, REINHILDE	1862 LOCKHAVEN COURT	LEHIGH ACRES FL	<input type="checkbox"/>	<input type="checkbox"/>
P	BERNARD-HENNINGER, MANFRED DE	2250 SR 80 W	LABELLE FL 33935	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Klaus Barth* *REINHILDE FRUSTERI* *Mar-29-01* *(941) 728-2878*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)