

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90054 023 \*\*\*\*61.25

0084509

**DOCUMENT # N94000001649**

1. Entity Name

**DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATI ON CENTER CORP.**

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

Zip

Country

Zip

Country

4. FEI Number

**65-0481675**

Applied For

Not Applicable

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**

**March - 07 - 02**

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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* **Klaus Barth**

**Mar - 07 - 02**

**(941) 728-2878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)