

2001 UNIFORM BUSINESS REPORT (UBR)*

DOCUMENT # **P98000038536**
 1. Entity Name
CONGRESS DENTAL CENTER, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90277 001 *****8.75
 04-18-2001 90277 002 ***150.00

Principal Place of Business Mailing Address
1784 N. CONGRESS AVE #105
W. PALM BEACH, FL. 33409

2. Principal Place of Business **SAME** 3. Mailing Address **1784 N. CONGRESS AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#105

City & State City & State
W. PALM BEACH, FL.

Zip Country Zip Country
33409 U. S. A.

4. FEI Number **65-0836832** Applied For
 Not Applicable

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

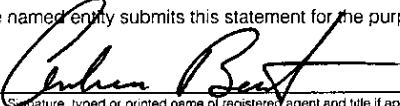
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREAS BESSENROTH
2155 REGENTS PLACE
W. PALM BEACH, FL. 33409

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  **ANDREAS BESSENROTH** **4-5-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

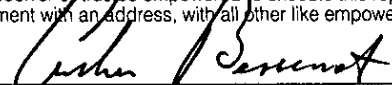
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / TREASURER ☐ Delete
NAME	ANDREAS BESSENROTH
STREET ADDRESS	2155 REGENTS PLACE
CITY-ST-ZIP	W. PALM BEACH, FL. 33409
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDREAS BESSENROTH** **4-4-01** **(561) 689-0593**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)