2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038536

1. Entity Name

CONGRESS DENTAL CENTER, INC.

Principal Place of Business — Mailing Address

1784 N. CONGRESS AVE #105
W. PALM BEACH, FL. 33409

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

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

37544

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
SAME		1784 N. CONGRESS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #105	
City & State		City & State W. PALM BEACH, FL.	
Zip	Country	Zip 33409	Country 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

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

7. Name and Address of New Registered Agent

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 [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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / TREASURER ANDREAS BESSENROTH 2155 REGENTS PLACE W. PALM BEACH, FL. 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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