## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **P99000080323**

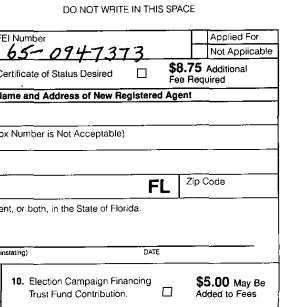
Principal Place of Business

LAWRENCE L. RESSLER, D.M.D., P.A.

3005 FLAMINGO DRIVE MIAMI BEACH FL 33140			3005 FLAMINGO DRIVE MIAMI BEACH FL 33140-3918					
Principal Place of Business								
2. Thropart accordances		• • • •						
Suite, Apt. #, e	tc.	s	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number Applied Fe		
City & State		C						
Zip	Country	Z	Zip Country		ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Regist	ered Agent			7. Name and Address of New R	egistered	Agent
HKE&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DRIVE SUITE 600 MIAMI FL 33133					Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code			
8. The above nan	ned entity submits this statem	nent for the pu	irpose of changing	its register	ed office or registered	l agent, or both, in the State of Flo	orida.	
SIGNATURE	ature, typed or printed name of registere	d agent and title if	applicable. (N	IOTE: Registers	ed Agent signature required wh	nen 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!!! FE  After MAY 1, 2000 Fe  Make Check Payable to				2000 Fee	will be \$550.00		n, l	\$5.00 May Added to Fee
11. OFFICERS AND DIRECTORS 12.						ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 11
	1				_ i			CT Change CT Ad

## **FILED** Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90029 036 \*\*\*150.00



Change Addition ☐ Delete TITLE TITLE RESSLER, LAWRENCE L NAME NAME 3005 FLAMINGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental re of the corporation or the receiver or trustee changed, or on an attachment with an ac empowered

SIGNATURE: