

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000074482

**Entity Name:** DENTAL PEARL LAB INC

**Current Principal Place of Business:**

14771 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

1455 MYRTLE OAK TER  
HOLLYWOOD, FL 33021 US

**FEI Number:** 88-4151839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANAGEMENT TAX CONSULTING INC  
4430 ORCHID BLVD  
202  
CAPE CORAL, FL 33904 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	KLAUSE, LEONID	Name	KLAUSE, LARISSA
Address	1455 MYRTLE OAK TER	Address	1455 MYRTLE OAK TER
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONID KLAUSE

P

02/04/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date