

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564220

1. Entity Name
KLEIN CERAMIC DENTAL LAB., INC.

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90119 050 ***150.00

00044901



DO NOT WRITE IN THIS SPACE

Principal Place of Business 147 ALHAMBRA CIR SUITE 140 CORAL GABLES FL 33134 US	Mailing Address 147 ALHAMBRA CIR SUITE 140 CORAL GABLES FL 33134 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-1736765	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, WOLFGANG 9825 SW 87 AVE. MIAMI FL 33176
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, WOLFGANG 9825 S.W. 87TH AVE. MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KLEIN, WOLFGANG 9825 S.W. 87TH AVE. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dustin K...* (treasurer) 4-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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Attachment
#564220
D0044901

Principal Place of Business
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CORAL GABLES FL 33134
US

Mailing Address
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SUITE 140
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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City & State

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7. Name and Address of New Registered Agent

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MIAMI FL 33176

Name

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FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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9825 S.W. 87TH AVE.
MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP
SVP
KLEIN, WOLFGANG
9825 S.W. 87TH AVE.
MIAMI FL ☐ Delete

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Wolfgang Klein (treasurer)

4-25-01