2001 UNIFORM BUSINESS REPORT (UBR)

W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # 564220** KLEIN CERAMIC DENTAL LAB., INC. 05-01-2001 90119 050 ***150.00 Principal Place of Business Mailing Address 147 ALHAMBRA CIR 147 ALHAMBRA CIR SUITE 140 SUITE 140 00044901 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1736765 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIN, WOLFGANG Street Address (P.O. Box Number is Not Acceptable) 9825 SW 87 AVE. **MIAMI FL 33176** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE KLEIN, WOLFGANG STREET ADDRESS 9825 S.W. 87TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition KLEIN, WOLFGANG NAME NAME 9825 S.W. 87TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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	UNIFORM BUS		RT (UBR)	#564226 \$504496	ant
DOCUMENT # 564220 1. Entity Name			Willing	NI II	
KLEIN C	ELAMIC DENTAL LAB., INC		•	#56422) ^1
Principal Place	e of Business	Mailing Address		1004490)
147 ALHAMBRA CIR SUITE 140		147 ALHAMBRA CIR SUITE 140			
CORAL GABLES FL 33134 US		CORAL GABLES FL 33134 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 23-1736765	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	
KI FII	N, WOLFGANG	68	Name		
9825	SW 87 AVE.	Î ÛPro.	Street Address	s (P.O. Box Number is Not Acceptable)	
MIAN	/II FL 33176	18 18 18 18 18 18 18 18 18 18 18 18 18 1	3 2		
	<u> </u>		City	F	Zip Cade
8. The above	named entity submits this statement	for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE			TE 3	red when reinstating. CATE	
0 The	Signature, typed or critited name of registered ago		TE Registered Agent signature recu /!!! FEE IS \$150.00	red wren reinstating) CATE	
Tax filing i	oration is eligible to satisfy its Intangit requirement and elects to do so. ria on back)	After MAY 1, 2	001 Fee will be \$550.00 able to Department of S		\$5.00 May Be Added to Fees
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE NAME	KLEIN, WOLFGANG	☐ Detete	TITLE NAME		Change Addition
STREET ADDRESS DITNISTIZIF	9825 S.W. 87TH AVE. MIAMI, FL 00000		STREET ADDRESS 0.07+ST+21P		
17:5	SVP	Delete	- 1 <u>- 2</u>		☐ Orange ☐ Adgissh
STREET ADDRESS	KLEIN, WOLFGANG 9825 S.W. 87TH AVE.		1,40/E STREET AODRESS		
CITY-ST-ZIP	MIAMI FL		C:TY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change
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CITY-ST-ZIP		☐ Delete	OFF (-SF-ZIP)		☐ Chance ☐ Addition
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T.TLE		Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		- —
STPEST ADDRESS CITY-ST-ZIP			STREET ACORESS (CITY-ST-ZIP		
13. I hereby indicated of the co	d on this report or supplemental repo rporation or the receiver or trustee er	rt is true and accurate and tha mpowered to executerthis repo	for the exemption stated in timy signature shall have to ort as reoured by Chapter	Section 119.07(3)(i) Florida Statutes. I further one same legal effect as if made under cath, that 607, Florida Statutes, and that my name appear	t i am an officer or director :
SIGNA		in Kh	tressura	1 / 4-25-01 /	
1	SIGNATURE AND TYPEO	OR PRINTED HAME OF SIGNING OFFICE	ER OR DIRECTOR	▼ Date ∀	Daytime ^{or} the ≠