2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # 693758** 1. Entity Name PAUL E. KLEIN, D.D.S., P.A. 02-04-2000 90046 012 ***150.00 Principal Place of Business Mailing Address 200 KNUTH RD., STE, 140 200 KNUTH RD.:STE.140 BOYNTON BEACH FL 33436-4640 BOYNTON BEACH FL 33436-1636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2109133 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, PAUL E Street Address (P.O. Box Number is Not Acceptable) 200 KNUTH RD., STE. 140 **BOYNTON BEACH FL 33436-1636** Zip Code FŁ 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE **PVS** Change Addition Delete TITLE KLEIN, PAUL E DDS NAME NAME STREET ADDRESS STREET ADDRESS 200 KNUTH RD., STE, 140 CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition Delete TITLE TITLE KLEIN, PAUL E.DDS NAME NAME STREET ADDRESS 200 KNUTH RD., STE. 140 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 acceiver or trustey empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED