

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2000 90027 001 ***150.00

DOCUMENT # H27480

Entity Name

LAWRENCE KRASNE, D.D.S., P.A.

Principal Place of Business

Mailing Address

**NE 199TH ST
 NORTH MIAMI FL 33180**

**2925 NE 199TH ST
 NORTH MIAMI FL 33180-3124**

2. Principal Place of Business

1980 NE 191 DR

Suite, Apt. #, etc.

3. Mailing Address

1980 NE 191 DR

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL.

4. FEI Number

59-2515521

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KRASNE, MARCELYNN

2925 NE 199TH ST

NORTH MIAMI FL 33180

1980 NE 191 DR.

N. MIAMI BEACH, FL. 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRASNE, LAWRENCE	
STREET ADDRESS	2925 NE 199TH ST	
CITY - ST - ZIP	1980 NE 191 DR NORTH MIAMI FL N. MIAMI BEACH, FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRASNE, MARCELYNN	
STREET ADDRESS	2925 NE 199TH ST	
CITY - ST - ZIP	1980 NE 191 DR NORTH MIAMI FL N. MIAMI BEACH, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
 Date

(305) 932-3657
 Daytime Phone #

CR2E634 (9/99)