

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L97000000130

1. Entity Name  
PALM BEACH DENTAL SUPPLIES, L.C.

00 MAY -9 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11380 PROSPERITY FARMS ROAD  
SUITE 217  
PALM BEACH GARDENS FL 33410

Mailing Address  
11380 PROSPERITY FARMS ROAD  
SUITE 217  
PALM BEACH GARDENS FL 33410-3465



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0728398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
THEIMANN, DIETER A  
11380 PROSPERITY FARMS ROAD  
SUITE 217  
PALM BEACH GARDENS FL 33410

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPAETH, ELMAR DR ADALBERT-STIFTER-STR. 17A, 63452 HANAU, GERMANY <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	<input type="checkbox"/> Delete	TITLE MGRM NAME ANNETTE HODS-SPAETH STREET ADDRESS ADALBERT-STIFTER-STR. 17A CITY-ST-ZIP 63452 HANAU, GERMANY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELMAR SPAETH SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/22/2000

Date

Time Phone #

SEE  
1999

CR2E083 (9/99)