

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001338

1. Entity Name

ELAINE KLEIN, D.D.S., P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90993 027 ***150.00

Principal Place of Business

8905 SW 87 AVE
SUITE 106
MIAMI FL 33176

Mailing Address

8905 SW 87 AVE
SUITE 106
MIAMI FL 33176-2210

2. Principal Place of Business

7400 N KENDALL DR

3. Mailing Address

7400 N KENDALL DR

Suite, Apt. #, etc.

SUITE 619

Suite, Apt. #, etc.

SUITE 619

City & State

MIAMI- FL

City & State

MIAMI- FL

Zip

33156

Country

Zip

33156

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0378847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ELAINE
8905 SW 87TH AVE #106
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

7400 N KENDALL DR, SUITE 619

City

MIAMI

FL

Zip Code

33156

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

Elaine Klein DDS PA

Elaine Klein, owner

4/27/00

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 ☐ Delete
NAME D
STREET ADDRESS KLEIN, ELAINE
CITY-ST-ZIP 8905 SW 87TH AVE #106
MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7400 N KENDALL DR, SUITE 619
CITY-ST-ZIP MIAMI- FL 33156

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elaine Klein DDS PA Elaine Klein, D.D.S., P.A. 4/26/00 (305) 670-0641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE05024 0/000