

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022720

1. Entity Name

KRIEGER LIFE & HEALTH, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90069 024 ***150.00

Principal Place of Business

Mailing Address

19380 COLLINS AVE #526
NO MIAMI BEACH FL 33160

19380 COLLINS AVE #526
NO MIAMI BEACH FL 33027-2213

15200 Wilshire Way →
Pembroke Pines, FL 33027

2. Principal Place of Business

3. Mailing Address

15200 Wilshire Way

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0564842

Applied For

Not Applicable

Zip
33027

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIEGER, DANIEL I
19380 COLLINS AVE #526
NO MIAMI BEACH FL 33160

Name DANIEL I. KRIEGER

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

15200 WILSHIRE WAY

City Pembroke Pines

FL

Zip Code 33027

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

Daniel I. Krieger

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KRIEGER, DANIEL I
STREET ADDRESS 19380 COLLINS AVE #526
CITY-ST-ZIP NO MIAMI BEACH FL 33160

15200 Wilshire Way
Pembroke Pines, FL 33027

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000 954-437-6623

CE 1 034 1999