

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

0335488 AV

DOCUMENT # **P95000063368**



1. Entity Name
DENNIS KLEIN MASONRY, INC.

04-22-2003 90051 036 ***150.00

Principal Place of Business
**3901 N.W. 34TH WAY
LAUDERDALE LAKES FL 33309**

Mailing Address
**3901 N.W. 34TH WAY
LAUDERDALE LAKES FL 33309**

11005814



2. Principal Place of Business
630 N.E. 59th Ct.

3. Mailing Address
630 N.E. 59th Ct.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FLA.

City & State
Ft. Lauderdale FLA.

4. FEI Number **65-0530658** Applied For
Not Applicable

Zip
33334 Country
Broward

Zip
33334 Country
Broward

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHEPARD, MURRAY E ESQ.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KLEIN, DENNIS 3901 N.W. 34TH WAY LAUDERDALE LAKES FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KLEIN, ANGELA V 3901 N.W. 34TH WAY LAUDERDALE LAKES FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4-18-03** **054-493-8621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)