

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063857

1. Entity Name

AMY D. KIENAST, D.M.D., P.A.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90079 005 \*\*\*150.00

Principal Place of Business

Mailing Address

2323 NE 26 AVE.  
POMPANO BEACH FL 33062

9241 PORT ROYALE DR. S.  
FT. LAUDERDALE FL 33308-7065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0776889

Applied For

Not Applicable

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

KIENAST, AMY D

9241 PORT ROYALE DR. S.  
FT LAUDERDALE FL 33308

Name

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

2730 N.E. 56<sup>th</sup> COURT

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 Amy Kienast

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPVS  
KIENAST, AMY D  
9241 PORT ROYALE DR. S.  
FT LAUDERDALE FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2730 N.E. 56<sup>th</sup> COURT

☒ Change ☐ Addition

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☐ Change ☐ Addition

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: Amy Kienast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

941.5550

Daytime Phone #

CR2E034 (9/99)