

01102 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

04-03-2002 90534 001 \*\*\*150.00  
04-03-2002 90534 002 \*\*\*150.00  
P97000063857

FILED

02 APR 25 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000063857**

1. Entity Name

Amy D. Kienast-Masri, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2323 NE 26 AV Suite 110

3. Mailing Address

2323 NE 26 AV Suite 110

City & State  
Pompano Beach, FL

City & State  
Pompano Beach, FL

4. FEI Number

65-0776889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Amy Kienast-Masri

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

2323 NE 26 Court

City  
Ft Lauderdale

City  
Ft Lauderdale

FL

33308

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-Masri

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Amy D. Kienast-Masri, DMD  
2323 NE 26 AV Suite 110  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amy D. Kienast-Masri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

954 941 5550

Daytime Phone #

CR2ED34B (12/01)