

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067473**

1. Entity Name

DENT FRESH U.S.A., INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

CCS 8132

3. Mailing Address

CCS 8132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4440 NW. 73th AV.**4440 NW. 73th AV.**

City & State

City & State

MIAMI, FL**MIAMI, FL**

Zip

Country

Zip

Country

33166**U.S.A.****33166****U.S.A.**

4. FEI Number

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

Name

JACK LEVINE

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

VENTURE CENTRE 16855**NORTHEAST 2ND. AVE. Suite 303**

City

NORTH MIAMI BEACH FL

Zip Code

33162

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

JACK LEVINE**DAVID HEINRICH****6/28/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	DAVID HEINRICH	CCS 8132	4440 NW 73th MIAMI, FL 33166
VICE President	DAVID HEINRICH AGA	CCS 8132	4440 NW 73th MIAMI, FL 33166
SECRETARY	ILAN HEINRICH AGA	CCS 8132	4440 NW 73th MIAMI, FL 33166

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	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)(f), 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

DAVID HEINRICH

Date

06/20/2000 (305) 651-0400

Daytime Phone #

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90013 011 ***550.00

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DO NOT WRITE IN THIS SPACE