"AMENDED RETURN", 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POODOOGE7473											
1. Entity Name						FILED					
		01 APR 19 PM 4: 25									
Dent Fresh USA, inc Principal Place of Business Mailing Address											
Principal Plac	e of Business	SEGRETARYLOF STATE TABLAHASSEE, IF LORIDA									
2. Principal F	Place of Business	3. Mailing	Address	•	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-			•		
CCS 8132		CCS 8132									
Suite, Apt.	,	Suite, Apt. #, etc.				ا ح	O NOT WRITE I	N THIS SP	ACE		
	'3rd Avenue	4440 NW 73rd Avenue				ļ				_	
City & Star Miami, Flor		1 -	City & State Miami, Florida					}	Applied For		
Zip Country		Zip	Country				\$8.75	X Not Applicable Additional	\dashv		
33166	USA	33166		USA.		5. Certificate of S	tatus Desired - L	Fee Re			
	6. Name and Address of Currer	ıt Registered	Agent			7. Name and Addr	ess of New Reg	istered Ag	ent	_	
Jack Levine	Jack Levine					Name					
16855 NE 2nd Avenue, Suite 303					Street Address (P.O. Box Number is Not Acceptable)						
	ni Beach, Florida 33162					O. Box Number is in	vot Acceptable)			i	
									•••	\dashv	
				City				FL	Zip Code	\neg	
								1	•-	_	
8. The above	named entity submits this statemen	nt for the purpo	ose of changing	its registered	office or reg	gistered agent, or bot	th, in the State o	Florida.			
SIGNATURE	(1) (1)	Tex)		ر ک			\mathcal{U}	1//1) [- 1	
.1	Signature, typed or printed name of reg	listered agent ar	nd title if applicable	e. (NOTE: R	Registered Ag	ent signature required v	when reinstating		Date	. .	
9. This corpor	ration is eligible to satisfy its Intan-		ELLENOW	IIIree IS 9156	ma 6/.	10. Election Ca	ampaign Financii	ng	\$5.00	7	
gible Tax fi	ling requirement and elects to do so). 🔼	Her MAY 1, 200	0 Fee Will be	686 0.00	Trust Fund	Contribution.	May	Be Added to Fees		
(See criteri: 11.			Check Payani							_	
	OFFICERS ANI	J DIRECTOR	Delete	12.	Direc	TIONS/CHANGES TO	O OFFICERS AN		X Addition	-	
TITLE NAME	Haim Heinrich		Delete	TITLE	1	ham Alexander	L	Change	Addition	CR2E034 (9/99)	
STREET ADDRESS	CCS 8132, 4440 NW 73th	Ave		STREET ADDR		8132, 4440 NW	73rd Avenue	3		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CTY - ST - ZIP	Miami, FI 33166			CITY - ST - ZIP	Mian	ni, Fl 33166	_			iii	
TITLE	Vice President		Delete	TITLE				Change	Addition	78	
NAME	David Heinrich Agai	A		NAME		•		on me	35920-	'	
STREET ADDRESS	CCS 8132, 4440 NW 73rd Miami, FI 33166	Ave		STREET ADDR	ESS	.	سەنىيەسەنىيەن د 04-	/20/01	01001 <u>-</u> 0	123	
CITY - ST - ZIP	Secretary		Delete	TITLE				thance			
IAME	Ilan Heinrich Agai			NAME			<u> </u>	∏ ¢⊓ange-	Addition	-	
STREET ADDRESS	CCS 8132, 4440 NW 73rd	Avenue		STREET ADDR	ESS						
CITY - ST - ZIP	Miami, Fl 33166			CITY - ST - ZIP							
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IAME				NAME							
TREET ADDRESS				STREET ADDRI	ESS					ļ	
TTLE			Delete	CITY - ST - ZIP				Ta:	1 4 4 60	-	
AME	•		Delete	NAME				_ Change	Addition		
TREET ADDRESS	· - · · · · · · · · · · · · · · · · · · ·	A 2 .		STREET ADDRE	ESS						
ITY - ST - ZIP				CITY - ST - ZIP					- .		
TLE .			Delete	TITLE				Change	Addition		
AME	N Office Control	**		NAME			-	:	SP		
TREET ADDRESS		*	÷	STREET ADDRE	ESS		-				
TY - ST - ZIP	tify that the information assets a "	h this file : =		CITY-ST-ZIP			F. 11 5:			_	
information i	tify that the information supplied wit indicated on this report or suppleme	n inis tiling doc ental recort in t	es not qualify fo	r the exemption	n stated in	Section 119.07(3)(i),	Florida Statutes	I further co	ertify that the		
I am an offic	er or director of the corporation or t	the receiver or	trustee emnow	ered to execut	agnature s e this recor	riaii iiave trie same i t as required by Chor	egai effect as if i oter 607. Florido	nade under Statutos: -	oatn; that		
name appea	ars in Block 11 or Block 12 if change	ed, er on an at	fachment with a	an address, wit	th all other l	ike empowered.	pior our, Flurida	Jiaiuies, a	nu maciny		
				×-1 -111			/	/	,		
SIGNATL	JRE:						<u> 4 111 </u>	01			
	SIGNATORE AND TYPE	ED OR PRINTED	NAME OF SIGN	ING OFFICER C	OR DIRECTO	R	Date	Da	ytime Phone #	_	