

**"AMENDED RETURN"**

**2000 UNIFORM BUSINESS REPORT (UBR)**

ATX1

<b>DOCUMENT #</b> P99000067473	
1. Entity Name <b>Dent Fresh USA, Inc</b>	
Principal Place of Business	Mailing Address

**FILED**

**01 APR 19 PM 4:25**


**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business <b>CCS 8132</b> Suite, Apt. #, etc. <b>4440 NW 73rd Avenue</b> City & State <b>Miami, Florida</b> Zip <b>33166</b>	3. Mailing Address <b>CCS 8132</b> Suite, Apt. #, etc. <b>4440 NW 73rd Avenue</b> City & State <b>Miami, Florida</b> Zip <b>33166</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>Jack Levine</b> <b>16855 NE 2nd Avenue, Suite 303</b> <b>North Miami Beach, Florida 33162</b>	
7. Name and Address of New Registered Agent	

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  **4/11/01**  
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. ☐ **FILE NOW!!! FEES \$150.00. 6/1/25**  
(See criteria on back) **After MAY 1, 2000 Fee will be \$440.00**  
**Make Check Payable to Department of State**

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

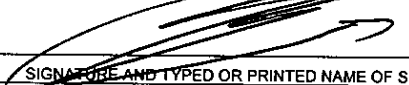
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Haim Heinrich CCS 8132, 4440 NW 73th Ave Miami, FI 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Abraham Alexander CCS 8132, 4440 NW 73rd Avenue Miami, FI 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President David Heinrich Agai CCS 8132, 4440 NW 73rd Ave Miami, FI 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Ilan Heinrich Agai CCS 8132, 4440 NW 73rd Avenue Miami, FI 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**000004085920-9**  
**-04/30/01--01001--023**  
**\*\*\*Change 25\*\*\***

CR2E034 (9/99)

**SP**

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:**  **4/11/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #