

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67621

1. Entity Name

KCD DENTAL LABORATORY, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90001 006 ***150.00

Principal Place of Business

Mailing Address

4440 SHERIDAN ST
HOLLYWOOD FL 33021
US

5620 SHERIDAN STREET
HOLLYWOOD FL 33021-3240
US

2. Principal Place of Business

3. Mailing Address

5620 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD

Zip

Country

33021

USA

Zip

Country

33021

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPPNER, CAMILLE
5620 SHERIDAN STREET
HOLLYWOOD FL 33021

Name

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

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

Camille Lippner CAMILLE LIPPNER VICE PRESIDENT 4/25/00
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPNER, CAMILLE		NAME	
STREET ADDRESS	5620 SHERIDAN ST		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPNER, DAVID		NAME	
STREET ADDRESS	5620 SHERIDAN ST		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

Camille Lippner CAMILLE LIPPNER 4/25/00 954963-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)