

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90062 005 ***150.00

DOCUMENT # F00000006649

1. Entity Name
MEDITECH FEFER, INC.

Principal Place of Business
**3107 W HALLANDALE BCH BLVD
 SUITE 103
 HALLANDALE FL 33351**

Mailing Address
**P.O. BOX 8714
 FT LAUDERDALE FL 33310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0993885		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSON, STANLEY JR. 1444 BISCAYNE BLVD., SUITE 230 MIAMI FL 33132				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code 33136	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	D/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON, STANLEY JR.			NAME	THOMAS, CARLOS		
STREET ADDRESS	201 NW 7 ST # 304			STREET ADDRESS	10955 SW 15TH ST. RT. 212		
CITY-ST-ZIP	MIAMI FL 33136			CITY-ST-ZIP	PEMBROKE PINES, FL 33025		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAING, VASHTI			NAME	GLENN HART		
STREET ADDRESS	6441 NW 199 LANE			STREET ADDRESS	1200 S. PINE ISLAND RD. SUITE 475		
CITY-ST-ZIP	HIALEAH FL 33015			CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D/P/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEBLANC, ROGER			NAME	LAING, VASHTI		
STREET ADDRESS	713 CRANDON BLVD. SUITE 203			STREET ADDRESS	6441 NW 199 LANE		
CITY-ST-ZIP	KEY BISCAYNE FL 33149			CITY-ST-ZIP	HIALEAH, FL 33015		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, LYNN E			NAME			
STREET ADDRESS	9780 S TROPICAL TRAIL			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			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 an alter life empowered.

SIGNATURE: *Glenn R. Hart* **GLENN R. HART, V.P. 4/25/02 (561)993-2773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 1001 (9/01)