

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90058 033 ***150.00

DOCUMENT # P00000010182

1. Entity Name
HBW MEDICAL ENTERPRISES, INC.

Principal Place of Business
**3650 N. FEDERAL HWY., SUITE 211
 LIGHTHOUSE POINT FL 33064**

Mailing Address
**3650 N. FEDERAL HWY., SUITE 211
 LIGHTHOUSE POINT FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5101 NW 21ST AVENUE

3. Mailing Address
5101 NW 21ST AVENUE

Suite, Apt. #, etc.
SUITE 440

Suite, Apt. #, etc.
SUITE 440

City & State
Lighthouse Pt, Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
05-0788294

Applied For
 Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

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

**WHITEMAN, ALAN S
 3650 N. FEDERAL HWY., SUITE 211
 LIGHTHOUSE POINT FL 33064**

Name **Whiteman Alan**
 Street Address (P.O. Box Number is Not Acceptable)
5101 NW 21ST AVENUE
SUITE 440
 City **Ft. Lauderdale FL** Zip Code **33309**

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 signature required when reinstating)

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, 2001 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	DIRECTOR JERRY HERMANSON 5101 NW 21ST AVENUE FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALAN S. WHITEMAN 5101 NW 21ST AVENUE FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alan S. Whiteman** **ALAN S. WHITEMAN** 4/17/01 (954) 714-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)