

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065272

1. Entity Name

MEDTRANS INTERNATIONAL, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 042 ***150.00

Principal Place of Business

18 NORTHWEST 43RD WAY
DEERFIELD BEACH FL 33442

Mailing Address

18 NORTHWEST 43RD WAY
DEERFIELD BEACH FL 33442-9252

2. Principal Place of Business

5397 ORANGE DRIVE

3. Mailing Address

5397 ORANGE DR

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33314

Country

FLORIDA

Zip

33314

Country

FLORIDA

4. FEI Number

59-3461839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANICKA, MARK
18 NORTHWEST 43RD WAY
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name SAME

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

5397 ORANGE DR # 102

City FORT LAUDERDALE FL

Zip Code 33314

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

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

TITLE PD
NAME WANICKA, MARK
STREET ADDRESS 18 NORTHWEST 43RD WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE VD
NAME NADEAU, ROLAND
STREET ADDRESS 18233 SOUTHWEST 48TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 5397 ORANGE DRIVE #102 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 on the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-2000

CR2F034 (9/99)