

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90091 036 \*\*\*150.00

**DOCUMENT # P97000093764**

1. Entity Name

**MEDIATION ALTERNATIVES, INC.**

Principal Place of Business

418 NORWOOD CT  
 OVIEDO FL 32765

Mailing Address

418 NORWOOD CT  
 OVIEDO FL 32765-6475

2. Principal Place of Business

3. Mailing Address

P.O. Box 622346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oviedo, FL 32762

Zip

Country

Zip

Country

4. FEI Number

59-3477623

Applied For

Not Applicable

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

COHEN, MEREDITH J  
 418 NORWOOD CT  
 OVIEDO FL 32765

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

*Meredith J. Cohen*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/00

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	PSTD <input type="checkbox"/> Delete
NAME	COHEN, MEREDITH J
STREET ADDRESS	418 NORWOOD CT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00 407-423-8886  
 Date Daytime Phone #

CR2E034 (19/99)