

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 040 ***150.00

DOCUMENT # P98000038151

1. Entity Name
MED-SAM, INC.

Principal Place of Business 4771 LAKESHORE LOOP OLDSMAR FL 34677	Mailing Address 4771 LAKESHORE LOOP OLDSMAR FL 33656-2811
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Med-Sam Inc. Suite, Apt. #, etc. 13964 W. Hillsborough	3. Mailing Address Med-Sam Inc. Suite, Apt. #, etc. 13964 W. Hillsborough Av.
City & State Tampa Fl.	City & State Tampa Fl.
Zip 33635	Country USA

4. FEI Number 65-0834784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARHADI, MEHDI
 4771 LAKESHORE LOOP
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name **Farhadi Mehdi**
 Street Address (P.O. Box Number is Not Acceptable)
13964 W. Hillsborough Av.
 City **Tampa** FL Zip Code **33635**

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 *Mehdi Farhadi* **Mehdi Farhadi, President** 1/31/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D FARHADI, MEHDI 4771 LAKESHORE LOOP OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERULLO, SALVATORE 4771 LAKESHORE LOOP OLDSMAR FL 34677
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Secretary Farhadi Mehdi 13964 W. Hillsborough Av. Tampa Fl 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & Treasurer Cerullo, Salvatore 13964 W. Hillsborough Av. Tampa Fl 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Mehdi Farhadi* **1/31/2000 (813) 818-7717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)