

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-17-2000 90903 009 ***150.00

DOCUMENT # P99000042136

1. Entity Name

PRESCRIPTION CORPORATION OF AMERICA, INC.

R

Principal Place of Business

Mailing Address

**898 DRURY PLACE, BREAKERS WEST
 WEST PALM BEACH FL 33411**

**898 DRURY PLACE, BREAKERS WEST
 WEST PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

IN PROCESS # 65-1003061

Applied For

Not Applicable

5. Certificate of Status Desired... \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-1003061

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARD P. GREENE, P.A.
 2455 EAST SUNRISE BLVD., SUITE 905
 FORT LAUDERDALE FL 33304**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FREEDMAN, DAVID	
STREET ADDRESS	898 DRURY PLACE, BREAKERS WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *David Freedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

6156
MAY 2 - 2000

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EN **651003361**

OMB No. 1545-0048

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) **DAVID FREEDMAN** DOC# P99000042136 / 306850

2 Trade name of business (if different from name on line 1) **MEET RECEPTION GUARDIANS OF AMERICA, INC** Executor, trustee, "care of" name

4a Mailing address (street address, room, apt., or suite no.) **251 PINEAPPLE WAY** Business address (if different from address on lines 4a and 4b) **898 DEVOY BLVD**

4b City, state, and ZIP code **West Palm Beach 33411** 5a City, state, and ZIP code **West Palm Beach Florida**

6 County and state where principal business is located **West Palm Beach Florida**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) **DAVID FREEDMAN**

8a Type of entity (check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) Estate (SSN of decedent)

Partnership Personal service corp. Plan administrator (SSN)

REMIC National Guard Other corporation (specify) ▶ _____

State/local government Farmers' cooperative Trust

Church or church-controlled organization Federal government/military

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **Florida** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **YES** Banking purpose (specify purpose) ▶ _____

Hired employees (Check the box and see line 12.) Changed type of organization (specify new type) ▶ _____

Created a pension plan (specify type) ▶ _____ Purchased going business

Created a trust (specify type) ▶ _____ Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) **APR 10 1999** 11 Closing month of accounting year (see instructions) **MAY 2001**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **NOT YET**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household

14 Principal activity (see instructions) ▶ **VITENS MAKING**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) N/A

Public (retail) Other (specify) ▶ **COMPANY**

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shows on prior application, if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mth, day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

David Freedman Pres Business telephone number (include area code) **561-366-1023**
Fax telephone number (include area code) **561-798-6850**

Signature ▶ **David Freedman** Date ▶ **MAY 2 - 2000**

Please leave: Geo. Inc. Class Size Reason for applying