

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001452

1. Entity Name

MEDIX PHARMACEUTICALS AMERICAS, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90012 008 ***150.00

Principal Place of Business

Mailing Address

12505 STARKEY ROAD, SUITE M
LARGO FL 33773

12505 STARKEY ROAD, SUITE M
LARGO FL 33773

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 **52-1924523**

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 15
MIAMI FL 33156

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, 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	GUILBAUD, PAUL	
STREET ADDRESS	12505 STARKEY ROAD, SUITE M	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOST, TIM	
STREET ADDRESS	12505 STARKEY ROAD, SUITE M	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	S	<input type="checkbox"/> Delete
NAME	FELDMAN, JOEL A	
STREET ADDRESS	750 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WENMAEKERS, EDMOND	
STREET ADDRESS	18, RUE SAINT-MATHIEU	
CITY-ST-ZIP	78550 HOUDAN FRANCE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUILBAUD, JEAN DR.	
STREET ADDRESS	18, RUE SAINT-MATHIEU	
CITY-ST-ZIP	78550 HOUDAN FRANCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSAM-CHENAI, ALAIN	
STREET ADDRESS	18, RUE SAINT-MATHIEU	
CITY-ST-ZIP	78550 HOUDAN FRANCE	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOST, TIM	
STREET ADDRESS	12505 STARKEY RD, SUITE M	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENMAEKERS, EDMOND	
STREET ADDRESS	18, RUE SAINT-MATHIEU	
CITY-ST-ZIP	78550 HOUDAN FRANCE	
TITLE	DRCE, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRCE, FRANK	
STREET ADDRESS	18 RUE SAINT MATHIEU	
CITY-ST-ZIP	78550 HOUDAN	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

507
2/28/01 727-772-9844

CR2E034 (10/00)