

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90062 005 ***150.00

DOCUMENT # F00000006649

1. Entity Name
MEDITECH FEFER, INC.

Principal Place of Business
**3107 W HALLANDALE BOH BLVD
 SUITE 103
 HALLANDALE FL 33351**

Mailing Address
**P.O. BOX 8714
 FT LAUDERDALE FL 33310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0993885**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, STANLEY JR.

~~**1444 BISCAYNE BLVD., SUITE 230**~~

~~**MIAMI FL 33132**~~

Name

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

201 NW 7 ST # 304

City

MIAMI

FL

Zip Code

33136

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's 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, 2002 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 **DV** ☐ Delete
 NAME **JOHNSON, STANLEY JR.**
 STREET ADDRESS **201 NW 7 ST # 304**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D/D** ☐ Change ☒ Addition
 NAME **THOMAS, CARLOS**
 STREET ADDRESS **10955 SW 15TH ST. RT. 212**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **DS** ☒ Delete
 NAME **LAING, VASHTI**
 STREET ADDRESS **6441 NW 199 LANE**
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **DV** ☐ Change ☒ Addition
 NAME **GLENN, HART**
 STREET ADDRESS **1200 S. PINE ISLAND RD. SUITE 475**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **D** ☒ Delete
 NAME **LEBLANC, ROGER**
 STREET ADDRESS **713 CRANDON BLVD. SUITE 203**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D/P/S** ☐ Change ☒ Addition
 NAME **LAING, VASHTI**
 STREET ADDRESS **6441 NW 199 LANE**
 CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE **D** ☒ Delete
 NAME **WEAVER, LYNN E**
 STREET ADDRESS **9780 S TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer or trustee empowered.

SIGNATURE:

GLENN R. HART, V.P. 4/25/02 (561)993-2773
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)