

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90196 048 ***150.00

0290377 AV

DOCUMENT # F01000001052

1. Entity Name
GLIAMED, INC.

Principal Place of Business
11900 BISCAYNE BLVD. SUITE 501
MIAMI FL 33181

Mailing Address
11900 BISCAYNE BLVD. SUITE 501
MIAMI FL 33181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1067966**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSS, GINA
11900 BISCAYNE BLVD. SUITE 501
MIAMI FL 33181

Name **ANDREW E. KERN**
 Street Address (P.O. Box Number is Not Acceptable)
11900 BISCAYNE BLVD, SUITE 501
 City **MIAMI** FL Zip Code **33181**

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 **ANDREW E. KERN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/2002
 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 **PC** ☐ Delete
 NAME **CHETITZ, HAROLD N**
 STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 501**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE **C** ☒ Change ☐ Addition
 NAME **CHEFITZ, HAROLD N**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **WCT** ☐ Delete
 NAME **KERN, ANDREW E**
 STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 501**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE **VTD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **RUSS, GINA S**
 STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 501**
 CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE **S** ☒ Delete
 NAME **RUSS, GINA S**
 STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 501**
 CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE **D** ☐ Delete
 NAME **WEINSTEIN, DAVID**
 STREET ADDRESS **11900 BISCAYNE BLVD. SUITE 501**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Armour Lawrence A.**
 STREET ADDRESS **11900 Biscayne Blvd, Suite 501**
 CITY-ST-ZIP **Miami FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PO** ☐ Change ☒ Addition
 NAME **~~Jeffrey S.~~ freed Jeffrey S.**
 STREET ADDRESS **11900 Biscayne Blvd, Suite 501**
 CITY-ST-ZIP **Miami FL 33181**

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: **Jeffrey S. freed, Vice President + Director** **3/27/02 (305) 895-9545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)