

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40549

1. Entity Name

FMS MANAGEMENT SYSTEMS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90099 021 ***150.00

Principal Place of Business

% MARTIN FREEDMAN
2655 NE 189TH ST
NORTH MIAMI BEACH FL 33180

Mailing Address

% MARTIN FREEDMAN
2655 NE 189TH ST
NORTH MIAMI BEACH FL 33180-2605

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 59-1275045

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

FREEDMAN, MARTIN
2655 NE 189TH ST
NORTH MIAMI BEACH FL 33180

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	PD	<input type="checkbox"/> Delete
NAME	FREEDMAN, GRACIE	
STREET ADDRESS	2655 NE 189TH ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEJESUS, MARY (ASST)	
STREET ADDRESS	2655 NE 189TH ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FINKEL, NATHAN	
STREET ADDRESS	2655 NE 189TH ST	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	FREEDMAN, MARTIN	
STREET ADDRESS	2655 NE 189TH ST	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEONARD, BOB	
STREET ADDRESS	2655 NE 189TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gracie FREEDMAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB LEONARD	
STREET ADDRESS		
CITY-ST-ZIP		
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 #

CR2E034 (9/99)