Apr	02,	2002	8:0			
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Secretary of State 04-02-2002 90081 010 ***150.00

2002 Uniform Business Report (UBR)								
DOCUMENT # 1. Entity Name FMS MANAGEMENT SYST	G40549 TEMS, INC.							
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	-						
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & State	City & State							
	Country	-						

% MARTIN FRE 2655 NE 189TH NORTH MIAMI	==	% MARTIN FREEDMAN 2655 NE 189TH ST NORTH MIAMI BEACH FL 33180 3. Mailing Address							
2. Principal Pl	ace of Business) (36)()) 88)) #(8() 89)97 8)))(4(8)9)		i Aton Anni as	ell Arån sear	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State)	City & State		4. F	FEI Number 59-1275045			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add ee Required		
· -	6. Name and Address of Current	Registered Agent		7. N	Name and Address of New Regi	stered Ag	jent		1
		<u> </u>	Name						
FREEDMA! 2655 NE 1	Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
	AMI BEACH FL 33180							-	
1			City			FL	Zip Code	€	l
SIGNATURE	named entity submits this statement fo		registered office or regis			a. DATE			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May 1, 20	!! FEE IS \$150.00 02 Fee will be \$550.0 ble to Department of \$		10. Election Campaign Financ Trust Fund Contribution.	cing		0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND [SIRECTORS	3 IN 1 <u>1</u>]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEDMAN, GRACIE 2655 NE 189TH ST N MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition	00004 /0/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEJESUS, MARY (ASST) 2655 NE 189TH ST N. MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FINKEL, NATHAN 2655 NE 189TH ST N. MIAMI BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEDMAN, MARTIN 2655 NE 189TH ST N. MIAMI BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, BOB 2655 NE 189TH STREET NORTH MIAM! BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 2 1	☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE				☐ Change	Addition	1

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #