

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2001 90041 049 \*\*\*158.75

**DOCUMENT # J01828**

1. Entity Name

**FLORIDA INTERNATIONAL MEDICAL EXPOSITION, INC.**

Principal Place of Business

**3354 17TH ST  
 SARASOTA FL 34232  
 US**

Mailing Address

**3354 17TH ST  
 SARASOTA FL 34232  
 US**

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 **59-2723617**

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

**MANDELL, BRAD S  
 3354 17TH ST  
 SARASOTA FL 34235**

Name

**TODD MANDELL**

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

**3354 17th Street**

**Sarasota, FL 34235**

City

**Sarasota,**

FL

Zip Code

**34235**

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.

**TODD MANDELL PRES.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/01**

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          | CD                          | <input type="checkbox"/> Delete |
| NAME           | MANDELL, SAUL               |                                 |
| STREET ADDRESS | 501 NORTH BENEVA ROAD, #616 |                                 |
| CITY-ST-ZIP    | SARASOTA FL                 |                                 |
| TITLE          | PD                          | <input type="checkbox"/> Delete |
| NAME           | MANDELL, TODD               |                                 |
| STREET ADDRESS | 501 NORTH BENEVA ROAD, #616 |                                 |
| CITY-ST-ZIP    | SARASOTA FL                 |                                 |
| TITLE          | TDS                         | <input type="checkbox"/> Delete |
| NAME           | MANDELL, EVELYN             |                                 |
| STREET ADDRESS | 501 NORTH BENEVA ROAD, #616 |                                 |
| CITY-ST-ZIP    | SARASOTA FL                 |                                 |
| TITLE          | VD                          | <input type="checkbox"/> Delete |
| NAME           | MANDELL, BRAD               |                                 |
| STREET ADDRESS | 501 NORHT BENEVA ROAD, #616 |                                 |
| CITY-ST-ZIP    | SARASOTA FL                 |                                 |
| TITLE          | SVD                         | <input type="checkbox"/> Delete |
| NAME           | HOWARD, WENDY               |                                 |
| STREET ADDRESS | 501 NORTH BENEVA ROAD, #616 |                                 |
| CITY-ST-ZIP    | SARASOTA FL                 |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| 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          | <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    |   |

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

**TODD MANDELL**

Date

**2/19/01**

Daytime Phone #

**(941) 366-2854**

CR2E034 (10/00)