

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10679

1. Entity Name

BACK AID SYSTEMS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90074 026 ***150.00

Principal Place of Business

1680 MICHIGAN AVE STE 1104
MIAMI BCH. FL 33139

Mailing Address

1680 MICHIGAN AVE STE 1104
MIAMI BCH. FL 33139-2514

833373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Arthur Godfrey Rd
Suite, Apt. #, etc.
510

3. Mailing Address

400 Arthur Godfrey Rd
Suite, Apt. #, etc.
510

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0084700

Applied For

Not Applicable

Zip

Country

33140

US

Zip

Country

33140

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAUM, SYDNEY S.
12TH FL PONCE DE LEON PLAZA
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEHRMAN, DAVID G.
CITY-ST-ZIP 1680 MICHIGAN AVE #1104
MIAMI BEACH FL

TITLE ☐ Delete
NAME DP
STREET ADDRESS LEHRMAN, LINDA
CITY-ST-ZIP 1680 MICHIGAN AVE #1104
MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Due

Daytime Phone #

CR2E034 (9/99)