

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M14854

1. Entity Name

BELL MEDICAL SUPPLY OF MIAMI BEACH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90126 001 ***150.00

Principal Place of Business

7136 COLLINS AVE
MIAMI BEACH FL 33141

Mailing Address

7136 COLLINS AVE
MIAMI BEACH FL 33021-1527

2. Principal Place of Business

5840 Stirling Road

Suite, Apt. #, etc.

#108

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Address

5840 Stirling Road

Suite, Apt. #, etc.

#108

City & State

Hollywood, FL

Zip

33021

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2530574

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

FLAXMAN, PHYLLIS A.
7136 COLLINS AVE
MIAMI BEACH FL 33141

Name

Flaxman, Phyllis A.

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

5840 Stirling Rd

#108

City

Hollywood

FL

Zip Code

33021

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 *Phyllis A. Flaxman* Phyllis A. Flaxman, President

4/12/00

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	FLAXMAN, JEFFREY	
STREET ADDRESS	7136 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FLAXMAN, PHYLLIS	
STREET ADDRESS	7136 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Flaxman	
STREET ADDRESS	5840 Stirling Road #108	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis A. Flaxman	
STREET ADDRESS	5840 Stirling Road #108	
CITY-ST-ZIP	Hollywood, FL 33021	
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 *Jeffrey Flaxman* President

4/12/00

(954)456-9606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)