

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90126 001 ***150.00

DOCUMENT # M14854
 1. Entity Name
BELL MEDICAL SUPPLY OF MIAMI BEACH, INC.

Principal Place of Business 7136 COLLINS AVE MIAMI BEACH FL 33141	Mailing Address 7136 COLLINS AVE MIAMI BEACH FL 33021-1527
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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
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAXMAN, PHYLLIS A. 7136 COLLINS AVE MIAMI BEACH FL 33141	
7. Name and Address of New Registered Agent 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 DATE 4/12/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, JEFFREY 7136 COLLINS AVE MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeffrey Flaxman 5840 Stirling Road #108 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLAXMAN, PHYLLIS 7136 COLLINS AVE MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Phyllis A. Flaxman 5840 Stirling Road #108 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE 4/12/00 (954)456-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)