

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 034 ***158.75

DOCUMENT # **N14687** ✓

1. Entity Name

INSTITUTES OF SCIENCE AND MEDICINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1850 NW 69 Avenue

3. Mailing Address
1850 NW 69 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL 33313

City & State
PLANTATION, FL 33313

4. FEI Number

Applied For

Not Applicable

Zip
33313

Country
USA

Zip
33313

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DAVID MUNDSCHENK

Street Address (P.O. Box Number is Not Acceptable)
504 SE 2nd AVENUE

City
DANIA

FL

Zip Code
33004

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAVID MUNDSCHENK
504 SE 2nd AVENUE
DANIA, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENT MILLER
7380 SW 123 TERR
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUZANNE MUNDSCHENK
504 SE 2nd AVENUE
DANIA, FL 33004

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(954) 321-5553

Daytime Phone

CR2E034B (12/01)