

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90005 015 ***550.00

DOCUMENT # P00000032918

1. Entity Name

CUREMEDOCTOR.COM, INC.

Principal Place of Business

2851 N. 38TH AVE.
 HOLLYWOOD FL 33021

Mailing Address

2851 N. 38TH AVE.
 HOLLYWOOD FL 33021

2. Principal Place of Business

6043 NW 167th

Suite, Apt. #, etc.

Unit A-2

3. Mailing Address

6043 NW 167th

Suite, Apt. #, etc.

Unit A-2

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1055737

Applied For

Not Applicable

Zip

33015

Country

DADE

Zip

33015

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FEDER, LAWRENCE H
 2450 HOLLYWOOD BLVD., STE. 401
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

MOISES SALAMA

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

2851 N 38th Avenue

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

Signature, typed or printed name of registered agent and title if applicable.

MOISES SALAMA

06/21/01

DATE

(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, 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

TITLE D ☒ Delete
 NAME FEDER, LAWRENCE H
 STREET ADDRESS 3240 SHERIDAN LN.
 CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
 NAME JAIME LOZANO
 STREET ADDRESS 1364 Biscayne Drive
 CITY-ST-ZIP Surfside, FL 33154

TITLE V ☐ Change ☒ Addition
 NAME DAVID KENIGSBERG
 STREET ADDRESS 1115 Cherrypalm Lane
 CITY-ST-ZIP Hollywood, FL 33019

TITLE V ☐ Change ☒ Addition
 NAME DANIEL SALAMA
 STREET ADDRESS 4917 SW Terrance
 CITY-ST-ZIP Hollywood FL 33021

TITLE T ☐ Change ☒ Addition
 NAME JORGE PEREZ
 STREET ADDRESS 7315 SW 87th Avenue #200
 CITY-ST-ZIP Miami, FL 33173

TITLE S ☐ Change ☒ Addition
 NAME MOISES SALAMA
 STREET ADDRESS 2851 N 38th Avenue
 CITY-ST-ZIP Hollywood, FL 33021

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:

MOISES SALAMA 6721701 305 819 4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0107116