

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049043

1. Entity Name
MEDTREND INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90107 023 ***150.00

Principal Place of Business
11900 BISCAYNE BOULEVARD #807
MIAMI FL 33181

Mailing Address
11900 BISCAYNE BOULEVARD #807
MIAMI FL 33181

2. Principal Place of Business
4980 W. 16th Ave.
Suite, Apt. #, etc. Ste. 104
City & State Hialeah, FL.

3. Mailing Address
4980 W. 16th Ave.
Suite, Apt. #, etc. Ste. 104
City & State Hialeah, FL.



DO NOT WRITE IN THIS SPACE

City & State
33012
Country USA

City & State
33012
Country USA

4. FEI Number ☐ 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

GLASER, ALLAN
11900 BISCAYNE BOULEVARD #807
MIAMI FL 33181

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, STEVEN 11900 BISCAYNE BOULEVARD #807 MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)