

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90001 047 \*\*\*150.00

**DOCUMENT #** P00000064661

1. Entity Name

MIDICOMP-PLEXTOR USA, INC. ✓

Principal Place of Business

Mailing Address

1535 Cypress Drive #2  
 Jupiter, FL 33469

1535 Cypress Drive #2  
 Jupiter, FL 33469

2. Principal Place of Business

1535 Cypress Drive

3. Mailing Address

1535 Cypress Drive

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-1045135

Applied For

Not Applicable

Zip

33469

Country

USA

Zip

33469

Country

USA

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

Istvan L. Mezei

1535 Cypress Drive #2  
 Jupiter, FL 33469

Name

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

13205 US Hwy 1. Ste. 507

City

Juno Beach

FL

Zip Code

33408

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

*Istvan L. Mezei*

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) ☐

**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 ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Istvan L. Mezei  
 1535 Cypress Drive #2  
 Jupiter, FL 33469

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President  
 13205 US Hwy 1. Ste. 507  
 Juno Beach, FL 33408

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

*Istvan L. Mezei*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

Daytime Phone #

CR2E034 (1/1/00)