2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

DOCUMENT # P00000106573

1. Entity Name

MEDISAFE-GUARD PRODUCTS, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

FRIEDMAN, EUGENE J

BOCA RATON FL 33487

4420 BOCAIRE BLVD.



Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

HOINES, DAVID A

1290 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334

the obligations of registered agent.

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

TITLE

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

1290 E. OAKLAND PARK BLVD., STE. 200 FT. LAUDERDALE FL 33334

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1290 E. OAKLAND PARK BLVD., STE. 200

Country

11.

TITLE

NAME

TITLE

NAME

TITLE

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NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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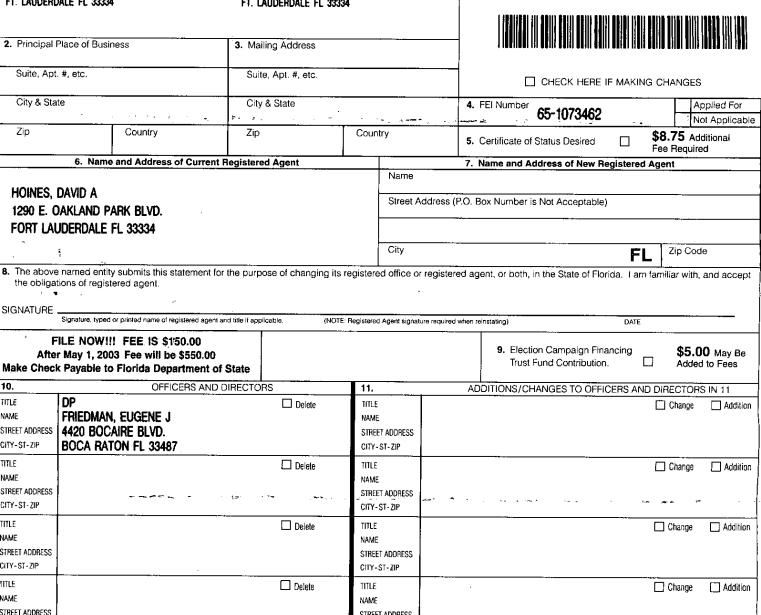
City

FT. LAUDERDALE FL 33334

FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90050 030 ***150.00

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CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with

☐ Change

☐ Change

☐ Addition

Addition

CR2E034 (10/02)