

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

PAGE 1 of 2

DOCUMENT # P00000116467

1. Entity Name

Cyclotec Advanced Medical Technologies, Inc.



FILED

03 OCT -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4871 NW 65 Avenue

3. Mailing Address
4871 NW 65 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lauderhill, Florida

City & State
Lauderhill, Florida

4. FEI Number 593694953

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALAN B. COHN

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

2021 Tyler Street

City Hollywood

FL

Zip Code
33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/S/T
Stephen A. Michaelson
4871 NW 65 Avenue, Laudershill, FL 33319

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Michaelson

Date

954-746-8330

Daytime Phone #

CR2E034B (12/02)

LAW OFFICES
ABRAMS ANTON P.A.

P. J. Anton

Maynard Abrams
1916-1992

Paul B. Anton
1927-1981

Mitchell D. Adler
Laurence I. Blair §
Milton S. Blaut §
Alan B. Cohn *
Claudia Sanchez Fabrega
Maurice M. Garcia
Gene K. Glasser *
William S. Kramer *
Leonard Robbins
Danielle L. Rosen

Kenneth A. Rubin
Reuben M. Schneider *
Peter R. Siegel
Marc Jay Tannen
Jack F. Weins
David Weisman *

Of Counsel
Stanley D. Gottsegen †

2021-Tyler Street
Hollywood, Florida 33020
Correspondence To:
P.O. Box 229010, Hollywood, Florida 33022-9010
Telephone: (954) 921-5500
Facsimile: (954) 925-7013
Boca Raton & Delray: (561) 994-2212
North Broward: (954) 428-9800
Miami: (305) 940-8440
www.abramsanton.com

Boca Raton Office

One Boca Place – Suite 411E
2255 Glades Road
Boca Raton, Florida 33431-7383
Facsimile: (561) 997-8494
Palm Beaches: (561) 833-4710
(Direct To Boca Raton Office Only)

Reply To: Hollywood

File No.: CAMTI-0001

* Board Certified Tax Lawyer
□ Board Certified Estate Planning
and Probate Lawyer
○ Board Certified Real Estate Lawyer

‡ Member of D.C. Bar
§ Member of N.Y. Bar
† Member of Ohio Bar

October 1, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Cyclotec Advanced Medical Technologies, Inc.

Dear Sir/Madam:

Enclosed for filing is the 2003 Uniform Business Report and the filing fee of \$150.00 for the above referenced corporation.

Due to a typographical error on the 2002 Uniform Business Report, my client did not receive notification from your office that the report was due. As you can see from the attached copy of this report, the mailing address shows 4971 NW 65th Avenue instead of 4871 NW 65th Avenue, which is the correct address.

It is respectfully requested that the \$600.00 reinstatement fee be waived. If this is not possible, please notify me at your earliest convenience.

Sincerely yours,


ALAN B. COHN

ABC/mv/Enclosure

c: Mr. Stephen A. Michelson

H:\lib\edsi\docs\CAMTI\0001\LTR\BT1757.WPD