

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90884 041 \*\*\*150.00

DOCUMENT # PO1000011880 ✓

1. Entity Name ELI MED, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

12179 S. APOPKA VINELAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 122

City & State  
ORLANDO FL

City & State

Zip 32836 Country ORANGE

Zip SAME Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696239

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ELI HARDOON

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

10134 BRANDON CIRCLE

City

ORLANDO

FL

Zip Code

32836

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
ELI HARDOON  
10134 BRANDON CIR.  
ORLANDO FL 32836

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eli Haroon

4/29/02

CR2E034B (12/01)