

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000118198*

1. Entity Name

N.M.B. MEDICAL GROUP, INC

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 010 ***158.75

Principal Place of Business

*951 NE 167 ST. -
SUITE 107
NORTH MIAMI BEACH, FL 33162*

Mailing Address

*17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162*

869991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1159275

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALMAN, MARTIN H

17290 N.E. 19TH AVENUE

NORTH MIAMI BEACH FL 33162

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

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, 2002 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 *PSD*
NAME *MIKHAIL PALTEROVICH* ☒ Delete
STREET ADDRESS
CITY-ST-ZIP *NO. MIAMI BEACH, FL*

TITLE *PSD*
NAME *DMITRY GRINBERG* ☐ Change ☒ Addition
STREET ADDRESS *100 GOLDEN ISLES DR #109*
CITY-ST-ZIP *HALLANDALE, FL 33009*

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

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

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:

DMITRY GRINBERG, Pres. 6/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance Phone #

NMB MEDICAL GROUP, INC.
951 NE 167 ST. #107
NO. MIAMI BEACH, FL 33162

Attachment
Doc#01000118198

869991

6/13

FLORIDA DEPT. OF STATE.

ATTACHED IS OUR 2002 UNIFORM BUSINESS REPORT. WE
NEVER RECEIVED THE FORM, PROBABLY DUE TO A CHANGE OF
ADDRESS. PLEASE ACCEPT THIS FORM AND OUR CHECK FOR
\$158.75 TO SHOW A TIMELY FILING + UPDATE OF DATA.

Thank you

Dmitry Grinberg

DMITRY GRINBERG, PRES.