

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 92207 033 ***150.00

DOCUMENT # P02000020550

1. Entity Name
MEDICAL RESEARCH UNLIMITED INTERNATIONAL, INC.



Principal Place of Business
1321 NORTHWEST 14TH STREET
SUITE 605
MIAMI FL 33125

Mailing Address
1321 NORTHWEST 14TH STREET
SUITE 605
MIAMI FL 33125

2. Principal Place of Business

590 EAST 25 STREET
SUITE, Apt. #, etc.
STE 503

3. Mailing Address

590 EAST 25 STREET
SUITE, Apt. #, etc.
STE 503

City & State

Hialeah, FL
Zip
33013
Country
USA

City & State

Hialeah, FL
Zip
33013
Country
USA

4. FEI Number

65-1105097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BIRNBAUM, MARC P.A.
1031 IVES DAIRY ROAD
SUITE 228
MIAMI FL 33179

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
HELLER, ROBERT DR.
POST OFFICE BOX 403489
MIAMI BEACH FL 33140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO BOX 402566

☒ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

305-694-8686

Daytime Phone #

CR2E034 (10/02)