

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027443

1. Entity Name

MEDIFIN, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 028 ***550.00

Principal Place of Business

5340 W. KENNEDY BLVD
SUITE 200
TAMPA FL 33609
US

Mailing Address

PO BOX 21702
TAMPA FL 33622-1702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3175935

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

VOLPE, DAVID
5340 WEST KENNEDY
SUITE 200
TAMPA FL 33609

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	PEARLMAN, HERBERT M	537 STEAMBOAT ROAD	GREENWICH CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	GRAIG, WALTER M JR	2 BRIDGE AVENUE	RED BANK NJ	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VCFO	VOLPE, DAVID	5340 WEST-KENNEDY BLVD	TAMPA FL 33609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LAWI, DAVID S	537 STEAMBOAT ROAD	GREENWICH CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MURPHY, DANIEL T.	200 MADISON AVE	NEW YORK NY 10016	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID VOLPE

8/7/00

813-289-4711

Date

Daytime Phone #

CR2E034 (5/00)