

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051334

1. Entity Name

MEDI SALES, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90128 037 \*\*\*150.00

Principal Place of Business

Mailing Address

5401 NW 102ND AVE., S-104  
SUNRISE FL 33351

PO BOX 450195  
SUNRISE FL 33345-0195  
US

2. Principal Place of Business

3. Mailing Address

6254 Hypoluxo Road  
Suite, Apt. #, etc.  
Suite # 313

P.O. Box 740306  
Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

Boynton Beach, FL

Zip

Country

Zip

Country

33467

USA

33437

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424765

Applied For

Not Applicable

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

BONNLANDER, FRANK D JR

5401 NW 102ND AVE., S-104  
SUNRISE FL 33351

6254 Hypoluxo Rd  
#313  
LAKE WORTH, FL  
33467

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

*Frank D. Bonnländer*

Signature, typed or printed name of registered agent and date, 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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS WOLF, DENISE  
CITY-ST-ZIP 12530 NW 10TH ST  
SUNRISE FL 33323

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6254 BRANCHWOOD DRIVE  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BONNLANDER, FRANK D  
CITY-ST-ZIP 12530 NW 10TH ST  
SUNRISE FL 33323

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6254 BRANCHWOOD DR  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Frank D. Bonnländer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

954-572-9141

Daytime Phone #