

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000040873**

1. Entity Name

**PRESIDENTIAL MEDICAL MANAGEMENT CO., INC.**

*P*

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90154 015 \*\*\*150.00

Principal Place of Business

**1501 PRESIDENTIAL WAY  
 SUITE 8  
 WEST PALM BEACH FL 33401**

Mailing Address

**1501 PRESIDENTIAL WAY  
 SUITE 8  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0497558**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REIS, MONA S  
 1501 PRESIDENTIAL WAY  
 SUITE 8  
 WEST PALM BEACH FL 33401**

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.

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.

**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

TITLE **D**  Delete  
 NAME **REIS, MONA S**  
 STREET ADDRESS **1501 PRESIDENTIAL WAY SUITE 8**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*Monica Reis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/17/00

(561)478-7277

Date

Daytime Phone #

0013-2000-UBR-C

P94000040873

D0673420

*M*  
Presidential  
Women's  
Center

July 17, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: 2000 Uniform Business Report  
P94000040873**

To Whom It May Concern:

The original 2000 Uniform Business Report Packet was never received. The 2<sup>nd</sup> notice was just received this past week. As per Grace in your office, find enclosed the \$150.00 filing fee.

Sincerely,



Mona S. Reis  
President