

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90019 006 ***150.00

DOCUMENT # P94000069870

1. Entity Name
ENDOMAGNET CORPORATION

Principal Place of Business
4700 SHERIDAN STREET
BUILDING M
HOLLYWOOD FL 33021
US

Mailing Address
4700 SHERIDAN STREET
BUILDING M
HOLLYWOOD FL 33021
US



2. Principal Place of Business

3. Mailing Address
21150 N.E. 38 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 503

City & State

City & State
AVENTURA, FL

4. FEI Number **65-0520789**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33180-4034

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, JOSEPH L
4040 SHERIDAN ST
HOLLYWOOD FL 33021

Name **SCHWARTZ, JOSEPH L.**
 Street Address (P.O. Box Number is Not Acceptable)
2435 HOLLYWOOD BOULEVARD
 City **HOLLYWOOD FL** Zip Code **33020**

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

3-22-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **DIAMOND, JEFFREY A**
 CITY-ST-ZIP **4700 SHERIDAN STREET, BLDG. M**
HOLLYWOOD FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2002 954-961-8440

CR2E034 (9/01)