

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011651

1. Entity Name

MEDSIM USA, INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90097 035 \*\*\*150.00

Principal Place of Business

3215 NW 10TH TERRACE  
SUITE 201  
OAKLAND PARK FL 33309  
US

Mailing Address

3215 NW 10TH AVENUE  
SUITE 201  
OAKLAND PARK FL 33309  
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0620358

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

GOOR, NIMROD  
3215 NW 10TH TERRACE  
SUITE 201  
OAKLAND PARK FL 33309

Name Dina Dennis

Street Address (P.O. Box Number is Not Acceptable)  
3215 NW 10th Terrace # 201

City or Oakland PK

Fort Lauderdale

FL

Zip 33309

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

Dina Dennis

1/17/01

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 \$150.00**  
**After MAY 1, 2001 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 T  
NAME ELLENBOGEN, MOSS M ☒ Delete  
STREET ADDRESS 3215 N.W. 10TH TERRACE #29  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE Arie Ovadia ☐ Change ☒ Addition  
NAME Arie Ovadia  
STREET ADDRESS 3215 NW 10th Terrace # 201  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

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

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:

Arie Ovadia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/01/01

Date

Daytime Phone #

CR2E034 (10/00)