

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033117

1. Entity Name

First Med Plantation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 NW 82 Ave

Suite, Apt. #, etc.

Suite 306

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Address

201 NW 82 Ave

Suite, Apt. #, etc.

Suite 306

City & State

Plantation, FL

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0575148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joel Piotrkowski

Street Address (P.O. Box Number is Not Acceptable)

627 71 Street

City

Miami Beach, FL

Zip Code

33141

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 transferring)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
Renter, Ben President/Dir
STREET ADDRESS
201 NW 82 Ave #306
CITY-STATE-ZIP
Plantation, FL 33324

TITLE
NAME
Verblow, Clive VP/Dir
STREET ADDRESS
201 NW 82 Ave #306
CITY-STATE-ZIP
Plantation, FL 33324

TITLE
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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

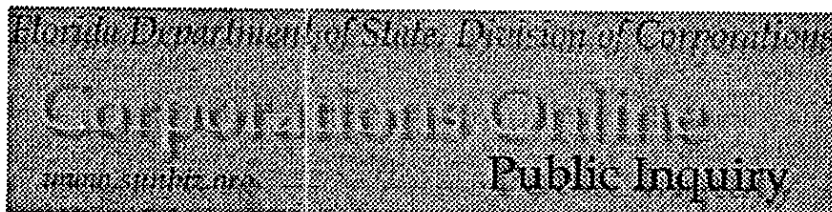
4/16/02

954 412 7432

Date

Phone Number

CR2E034B (12/01)



Florida Profit

FIRSTMED PLANTATION, INC.**PRINCIPAL ADDRESS**

201 NW 82 AVE.,
SUTIE 306
PLANTATION FL 33324 US
Changed 04/25/1999

MAILING ADDRESS

201 NW 82 AVE.,
SUTIE 306
PLANTATION FL 33324 US
Changed 04/25/1999

Document Number
P95000033117

FEI Number
650575148

Date Filed
04/27/1995

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
PIOTRKOWSKI, JOEL 627 71ST STREET MIAMI BEACH FL 33141
Name Changed: 03/20/1998
Address Changed: 03/20/1998

Officer/Director Detail

Name & Address	Title
REITER, BEN Z. 9600 WEATHERVANE MANOR PLANTATION FL	D
VERBLOW, CLIVE 3020 MEADOW LANE	D