

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057807

1. Entity Name

UNITED RESEARCH SUPPLIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90107 007 ***150.00

Principal Place of Business

Mailing Address

7251 W. PALMETTO PK RD
200-V
BOCA RATON FL 33433
US

~~P.O. BOX 970143~~
BOCA RATON FL 33497-0143
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7300 W. CAMINO REAL #111
Suite, Apt. #, etc.
#111

7300 W. CAMINO REAL
Suite, Apt. #, etc.
#111

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0597026

Applied For
Not Applicable

Zip Country
33433 U.S.

Zip Country
33433 U.S.

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

DICKLER, CARA
841 LYONS RD #24208
COCONUT CREEK FL 33063

Name
Street Address (P.O. Box Number is Not Acceptable)
7300 W. CAMINO REAL #111
City BOCA RATON FL Zip Code 33433

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. (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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DICKLER, CARA 841 LYONS RD #24208 COCONUT CREEK FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7300 W. CAMINO REAL #111 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

5613684574

Daytime Phone #

CR2E034 (9/99)