

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087187

1. Entity Name

MEDICAL RESEARCH INDUSTRIES, INC.

**FILED**  
Aug 23, 2000 8:00 am  
Secretary of State

08-23-2000 90001 008 \*\*\*550.00

Principal Place of Business

3101 S.W. 10TH STREET  
POMPANO BEACH FL 33069

Mailing Address

3101 S.W. 10TH STREET  
POMPANO BEACH FL 33069

2. Principal Place of Business

90 MICHAEL MOECKER & ASSOC

3. Mailing Address

90 MICHAEL MOECKER & ASSOC

Suite, Apt. #, etc.

3123 Commerce Parkway

Suite, Apt. #, etc.

3123 Commerce Parkway

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33025

Country

Zip

33025

Country

4. FEI Number

65-0623907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TISHMAN, WILLIAM J  
2000 DIANA DR  
201  
HALLANDALE FL 33000

MICHAEL P. PHELAN

7. Name and Address of New Registered Agent

Name

MICHAEL P. PHELAN

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

90 MICHAEL MOECKER & ASSOC

3123 Commerce Parkway

City

MIRAMAR

FL

Zip Code

33025

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

MICHAEL P. PHELAN

7/10/00

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 \$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	CFO	<input type="checkbox"/> Delete
NAME	PHELAN, MICHAEL P	
STREET ADDRESS	3101 S.W. 10TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V.	<input checked="" type="checkbox"/> Delete
NAME	GALAYDA, JOHN J	
STREET ADDRESS	885 PLEASANT VALLEY WAY	
CITY-ST-ZIP	WEST ORANGE NJ 07052	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, PETER	
STREET ADDRESS	3101 S.W. 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, LIZABETH	
STREET ADDRESS	3101 S.W. 10TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CECERE, KAREN	
STREET ADDRESS	3101 S.W. 10TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAZEM, BARRY M	
STREET ADDRESS	3101 SW 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3123 Commerce Parkway	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

MICHAEL P. PHELAN

MICHAEL P. PHELAN

7/10/00

561 482-6891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)