

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90004 007 \*\*\*550.00

C0072194

DOCUMENT # **P95000087187**  
 1. Entity Name  
**MEDICAL RESEARCH INDUSTRIES, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**c/o Michael Moecker & Assoc**  
 Suite, Apt. #, etc.  
**6861 SW 196 AVE #201**  
 City & State  
**PEMBROKE PINES FL**  
 Zip  
**33332**  
 Country

3. Mailing Address  
**c/o Michael Moecker & Assoc**  
 Suite, Apt. #, etc.  
**6861 SW 196 AVE #201**  
 City & State  
**PEMBROKE PINES FL**  
 Zip  
**33332**  
 Country

DO NOT WRITE IN THIS SPACE

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  
**Michael P. PHELAN**  
**c/o Michael Moecker & Assoc**

7. Name and Address of New Registered Agent  
 Name **Michael P. PHELAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o MICHAEL MOECKER & ASSOC**  
**6861 SW 196 AVE #201**  
 City **PEMBROKE PINES** FL Zip Code **33332**

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** **Michael P. PHELAN PRES** **6/18/01**  
 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>PRESIDENT</b> <b>MICHAEL P. PHELAN</b> <b>c/o MICHAEL MOECKER &amp; ASSOC</b> <b>6861 SW 196 AVE #201</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>PEMBROKE PINES FL 33332</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: **Michael P. Phelan** **6/18/01** **954-252-1560**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)