

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006556

1. Entity Name

NATIONAL DIABETIC ASSISTANCE CORP.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90091 014 ***150.00

Principal Place of Business

Mailing Address

11402 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

11402 WEST SAMPLE RD.
CORAL SPRINGS FL 33065-7051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634617

Applied For

Not Applicable

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

FERLISE, PERRY
11402 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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 PD
NAME FERLISE, PERRY
STREET ADDRESS 11402 WEST SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE V
NAME ROTWEIN, CARMEN
STREET ADDRESS 8266 N.W. 41 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE ST
NAME FERLISE, GERI
STREET ADDRESS 4988 NW 119TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☒ Delete

TITLE D
NAME ROTHWEIN, STEVEN
STREET ADDRESS 11402 WEST SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☒ Addition
NAME MOATON J. Litwack
STREET ADDRESS 11402 W. Sample Rd
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition
NAME Zack Miller
STREET ADDRESS 11402 W. Sample Rd
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition
NAME Bruce Schindler
STREET ADDRESS 11402 W. Sample Rd
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME Steven Rothwein
STREET ADDRESS 11402 W. Sample Rd
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chairman

6 JAN 00 1-954 757 777

CR2E034 (9/99)