

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

0410630 AV

DOCUMENT # P96000053234

1. Entity Name
DIABETES INFORMATION AND SUPPLY CENTER, INC.



04-04-2003 90101 046 ***150.00

Principal Place of Business
318 SE 15TH AVENUE
DEERFIELD BEACH FL 33441
US

Mailing Address
318 SE 15TH AVENUE
DEERFIELD BEACH FL 33441
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0676829**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WHITE, RUSSELL A ESQ.
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FELD, DOROTHY**
STREET ADDRESS **1537 E HILLSBORO BLVD APT 741**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE ☒ Change ☐ Addition
NAME **7235 PROMENADE DR. J502**
STREET ADDRESS **BOCA RATON, FL 33433**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FELD, RICHARD**
STREET ADDRESS **2838 ABBEY MANOR CIR**
CITY-ST-ZIP **BROOKVILLE MD 20833**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FELD, JEFFREY**
STREET ADDRESS **1413 KELSO BLVD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVAS** ☐ Delete
NAME **FELD, MICHAEL**
STREET ADDRESS **1537 E HILLSBORO BLVD #741**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☒ Change ☐ Addition
NAME **7235 PROMENADE DR J502**
STREET ADDRESS **BOCA RATON, FL 33433**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Feld* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

954-421-1504

Daytime Phone #

CR2E034 (10/02)