

2000 UNIFORM BUSINESS REPORT (UBR)

86192

DOCUMENT # P96000065047
1. Entity Name
UNIVERSAL PAIN TECHNOLOGY, INC

FILED

01 APR -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
Suite 1-115, 1991 MAIN STREET
SARASOTA, FL 34236

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 593398069 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALVIN MIRMAN
Suite 1-115
1991 MAIN STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
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 Alvin Mirman DATE 4/15/01
(NOTE: Registered Agent signature required when reinstating)

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		
TITLE	NAME	STREET ADDRESS
	ALVIN MIRMAN - Chairman	Suite 1-115
		1991 MAIN ST.
		SARASOTA, FL 34236
	ALVIN SIEGEL - Director	Suite 1-115
		1991 MAIN ST.
		SARASOTA, FL 34236
	DAVID YEAGER - Director	Suite 1-115
		1991 MAIN ST.
		SARASOTA, FL 34236
	FRANK CLARK - Director	7313 OAK LEAF WAY
		SARASOTA, FL 34241

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS

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: Alvin Mirman ALVIN MIRMAN 3/15/01 941 308 0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Pg 2 of 2

Universal Pain Technology
1991 Main Street Suite 1-115
Sarasota, Fl 34236

March 26, 2001

Mr. Tyrone Scott
Florida Department of State
Division Of Corporations
PO Box 6327
Tallahassee, Fl 32314

Dear Mr. Scott:

Subject: Universal Pain Technology
Ref. Number: P96000065047

We would like the Division of Corporations to grant a one-time waiver of the various fees.

Universal Pain had a change of address. The division of Corporations was notified. Unfortunately, we never received the notification from the State of Florida that was sent out. It was returned to the State. We only learned this the other day.

Thank you in anticipation of an early response to our request.

Yours truly

Alvin Mirman
Chairman