

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007513

1. Entity Name

MEDICAL ASSETS CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90475 043 ***150.00

Principal Place of Business

Mailing Address

20101 NE 16 PLACE
SUITE 200
MIAMI FL 33179
US

20101 NE 16 PLACE
SUITE 200
MIAMI FL 33179-2720
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0729023

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

HOFFMAN, STEVEN H
20101 NE 16 PLACE
SUITE 200
MIAMI FL 33179

Name

Street Address (P.O. Box)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinit)

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

11. OFFICERS AND DIRECTORS

12. ADD

TITLE **D** ☐ Delete
NAME **HOFFMAN, STEVEN**
STREET ADDRESS **20101 NE 16 PLACE, SUITE 200**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LAWRENCE, ROBERTA**
STREET ADDRESS **20101 NE 16 PLACE, SUITE 200**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000 305 770 2616

Plus one disclosed
Company
2 filings enclosed