

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90283 016 \*\*\*150.00

MAJ0036 AV

**DOCUMENT # P97000023342**

**1. Entity Name**  
**DIABETIC SUPPLY WELLNESS TEAM, INC.**

**Principal Place of Business**  
**75 NE SIXTH AVE**  
**STE 114**  
**DELRAY BCH FL 33483-5453**  
**US**

**Mailing Address**  
**75 NE SIXTH AVENUE**  
**STE 114**  
**DELRAY BEACH FL 33483-5453**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0735431**

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**

**BOROWSKY, EDWARD**  
**75 NE SIXTH AVENUE**  
**STE 114**  
**DELRAY BEACH FL 33483**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PT** ☐ Delete  
**NAME** **BOROWSKY, EDWARD**  
**STREET ADDRESS** **5298 F EUROPA DRIVE**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33437-2141**

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

**TITLE** **VPS** ☐ Delete  
**NAME** **WHALEN, ELLEN**  
**STREET ADDRESS** **3421 NW 26TH COURT**  
**CITY-ST-ZIP** **BOCA RATON FL 33434**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Stephen Behrman**  
**STREET ADDRESS** **Apt 210 5250 Las Verdes Circle**  
**CITY-ST-ZIP** **Delray Beach, FL 33484**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**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 like empowered.**

**SIGNATURE:**

*Edward Borowsky*

**3-22-02 561-266-9575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)