

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093764

1. Entity Name

MEDIATION ALTERNATIVES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90091 036 ***150.00

Principal Place of Business

418 NORWOOD CT
OVIEDO FL 32765

Mailing Address

418 NORWOOD CT
OVIEDO FL 32765-6475

2. Principal Place of Business

3. Mailing Address

P.O. Box 622346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oviedo, FL 32762

Zip

Country

Zip

Country

4. FEI Number

59-3477623

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

COHEN, MEREDITH J
418 NORWOOD CT
OVIEDO FL 32765

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

Meredith J. Cohen

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
COHEN, MEREDITH J
418 NORWOOD CT
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00 407-423-8886

Date

Daytime Phone #

CR2E034 (9/99)