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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90234 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094958

1. Corporation Name

ULTIMATE HEALTH PRODUCTS OF FLORIDA, INC.



Principal Place of Business

407 LINCOLN ROAD STE 6-L
SUITE 2-L
MIAMI BEACH FL 33139
US

Mailing Address

407 LINCOLN ROAD STE 6-L
SUITE 2-L
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

65-0792673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4444 Alton Rd.

Suite, Apt. #, etc.

22 Miami Beach, FL

23 Zip 33140 County Dade

24 33140 25 Dade

2a. Mailing Address

26 4444 Alton Rd.

Suite, Apt. #, etc.

27 Miami Beach, FL

28 Zip 33140 County Dade

29 33140 30 Dade

9. Name and Address of Current Registered Agent

SHERIFF, STEPHEN H
407 LINCOLN ROAD
SUITE 2-L
MIAMI BEACH FL 33139

81 Name

Sheriff, Stephen H.

82 Street Address (P.O. Box Number is Not Acceptable)

4444 Alton Rd.

83

84 City Miami Beach

FL 85 Zip Code 33140

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME KOURI, JOHN M

STREET ADDRESS 910 NE 178 ST

CITY-STATE-ZIP NO MIAMI BCH FL 33162

TITLE VD ☐ DELETE

NAME SHERIFF, STEPHEN H

STREET ADDRESS 407 LINCOLN ROAD STE 2-L

CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE S ☐ DELETE

NAME ALOTTA, LINDA

STREET ADDRESS 910 NE 178 ST

CITY-STATE-ZIP MIAMI BCH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen H. Sheriff

Stephen H. Sheriff

4/22/99

305-538-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)