

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107472

1. Entity Name

UNIVERSAL MEDICAL CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90969 046 ***150.00

Principal Place of Business

Mailing Address

2520 NE 214 STREET
NORTH MIAMI BEACH FL 33180-1052

2520 NE 214 STREET
NORTH MIAMI BEACH FL 33180-1052

101025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6901 Compass Court 6901 Compass Court
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

65-0800572

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32810

Country

USA

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, MORTEN M
2520 NE 214 STREET
NORTH MIAMI BEACH FL 33180-1052

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, 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 PCEO ☐ Delete
NAME COHEN, MORTEN M
STREET ADDRESS 2520 NE 214 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180-1052

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

TITLE VP ☐ Delete
NAME COHEN, SANDRA LEE
STREET ADDRESS 2520 NE 214 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180-1052

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Morten M. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/00 305 632 7171

CR2E034 (9/99)