

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000056480**

1. Entity Name  
**E. K. UNIVERSAL MEDICAL INC.**

Principal Place of Business  
**17031 BOCA CLUB BLVD., APT. 81A  
BOCA RATON FL 33487**

Mailing Address  
**17031 BOCA CLUB BLVD., APT. 81A  
BOCA RATON FL 33487**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

**Zip** **Country**

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90037 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0851363**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KLIGMAN, EUGENE  
17031 BOCA CLUB BLVD., APT. 81A  
BOCA RATON FL 33487**

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  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **KLIGMAN, EUGENE**  
STREET ADDRESS **17031 BOCA CLUB BLVD., APT 81A**  
CITY-ST-ZIP **BOCA RATON FL 33487**

Delete

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

Change  Addition

TITLE **VP**  
NAME **KLIGMAN, ELAINE**  
STREET ADDRESS **17031 BOCA CLUB BLVD., APT 81A**  
CITY-ST-ZIP **BOCA RATON FL 33487**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)