2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

17031 BOCA CLUB BLVD., APT. 81A

DOCUMENT # P98000056480

1. Entity Name

Principal Place of Business

17031 BOCA CLUB BLVD., APT. 81A

E. K. UNIVERSAL MEDICAL INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90112 023 ***150.00

	02 12 2003 90112 023	

BOCA RATON I	FL 33487	BOCA HATUN H	BOCA HATON FL 33487							
2. Principal Pla	ace of Business	3. Mailing Addre	Mailing Address							
Suite, Apt. #	t, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State C		City & State	City & State		4. FEI Numb	er 65-0851363			plied For t Applicable	
Zip	Country	Zip	Cour	itry				8.75 Addi ee Required	75 Additional Required	
	6. Name and Address of C			7. Name and	d Address of New R	egistered Ag	ent			
-	£ 400.000			Name			بران در کیسیست			
KLIGMAN, EUGENE 17031 BOCA CLUB BLVD., APT. 81A				Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33487				City		<u></u>	FL	Zip Code	,	
O The above	named entity submits this state	ement for the purpose of cha	anaina its reaiste	ed office or regis	tered agent, or bo	oth, in the State of Flo	orida. I am far	miliar with,	and accept	
the obligation	ons of registered agent.		9	_	•					
SIGNATURE _	Signature, typed or printed name of registe	ered agent and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when reinstating)		DATE			
After	LE NOW!!! FEE IS \$150 May 1, 2003 Fee will be \$ Payable to Florida Depart	550.00			Т	lection Campaign Fil rust Fund Contributio	on.	Added	0 May Be I to Fees	
10.		RS AND DIRECTORS	11		ADDITIONS	S/CHANGES TO OFF				
TITLE	Р		elete	LE				☐ Change	Addition	
NAME	KLIGMAN, EUGENE	157 441	NA or							
STREET ADDRESS	17031 BOCA CLUB BLVD	., API 81A		REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP	BOCA RATON FL 33487							☐ Change	☐ Addition	
TITLE NAME	vp Kligman, Elaine	U.		ME						
STREET ADDRESS	17031 BOCA CLUB BLVD	APT 81A	ST	REET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33487		CIT	Y-ST-ZIP		 	 -		- Addition	
TITLE	<u> </u>			1				☐ Change	☐ Addition \	
NAME				MEREET ADDRESS	محمد یم میمی			-:		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP						
TITLE			Delete TIT	LE				☐ Change	Addition	
NAME				ME					i	
STREET ADDRESS			1	REET ADDRESS					Ì	
CITY-ST-ZIP				TY-ST-ZIP				Change	Addition	
TITLE			30,010	LE LE	-			☐ Change		
NAME				ME Reet address						
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP						
TITLE	 		Delete TI	rle				☐ Change	Addition	
NAME				ME						
STREET ADDRESS				REET ADDRESS					l	
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP	0 2 340 677	OVI) Florida Ctatuta	L further cert	ify that the	information	
12 Lharahy	certify that the information sup	plied with this filing does no	t qualify for the e	kemption stated ii	u pection i ramit/	Signification Statutes		m an office	r or director	

12. 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 turner 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 in speport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like improve ad.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED IN ME OF SIGNING OFFICER OR DIRECTOR

EUGENT J. KILOMAN Date Daytime Phone #