

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90023 025 ***150.00

DOCUMENT # P98000072142

1. Entity Name

MEDEWEB.COM, INC.

Principal Place of Business

19501-A N.E. 10TH AVE.
MIAMI FL 33179

Mailing Address

19501-A N.E. 10TH AVE.
MIAMI FL 33179

2. Principal Place of Business

4380 Oakes Road

Suite, Apt. #, etc.

SUITE 8W

City & State

Davie FL

Zip

33314

Country

Bloward

3. Mailing Address

4380 Oakes Road

Suite, Apt. #, etc.

SUITE 8W

City & State

Davie FL

Zip

33314

Country

Bloward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0858616

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

GROSS, WILLIAM J ESQUIRE
% TRIPP SCOTT, PA
110 S.E. 6TH STREET, 15TH FLOOR
FT. LAUDERDALE FL 33301

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, 2001 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	DPST FERRO, ANTHONY J 3379 SOUTHWEST 49TH STREET HOLLYWOOD FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERLIGHT, DAVID 200 S.E. 14TH STREET, #2B MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEBAUM, ALAN J 5286 S.W. 34TH TERRACE HOLLYWOOD FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JOHN 29 WOODCLIFF ROAD WELLESBY MA 02481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARELLI, RICHARD 225 MAIN STREET, SE SAFETY HARBOR FL 34645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASILLAS, JOHN 307 MONTROSE COURT FRANKLIN TN 37069	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (954) 745 5600

Date

Daytime Phone #

CR2E034 (10/00)