

# 2000 UNIFORM BUSINESS REPORT, (UBR)

3/

DOCUMENT # P98000086037

1. Entity Name

MEDMARK CRYSTAL USA, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90010 033 \*\*\*150.00

Principal Place of Business Mailing Address  
3100 N. OCEAN BLVD 3100 N. OCEAN BLVD  
#1602 #1602  
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-7191

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0876114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDENSTEIN, ADOLPH  
3100 N. OCEAN BLVD  
#1602  
FORT LAUDERDALE FL 33308

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

(Typed, printed or printed name of registered agent and this is applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

4/3/2000

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 P ☐ Delete  
NAME EBENSTEIN, ADOLPH  
STREET ADDRESS 3100 N. OCEAN BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE V ☐ Delete  
NAME CAPPELLI, BENJAMIN  
STREET ADDRESS 219 TANGLEWOOD DR  
CITY-ST-ZIP STATEN ISLAND NY 10308

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

TITLE ST ☐ Delete  
NAME CAPPELLI, DONNA  
STREET ADDRESS 219 TANGLEWOOD DR  
CITY-ST-ZIP STATEN ISLAND NY 10308

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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:

ADOLF EBENSTEIN PRES

4/3/2000 1-877-421-8574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)