

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086543

1. Entity Name

TELA-SURGURO, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90032 034 \*\*\*150.00

Principal Place of Business 2162 HENLEY PLACE WELLINGTON FL 33414	Mailing Address 2162 HENLEY PLACE WELLINGTON FL 33414-7768
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2. Principal Place of Business 46 SOMERSET TERRACE Suite, Apt. #, etc.	3. Mailing Address 46 SOMERSET TERRACE Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 33418	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAYRE, ROBERT A 2162 HENLEY PLACE WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 46 SOMERSET TERRACE City PALM BEACH GARDENS FL Zip Code 33418
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYRE, ROBERT A 2162 HENLEY PLACE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 46 SOMERSET TERRACE PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, IRVING 2800 SELKIRK RD CLEVELAND OH 44122-2461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Irving Z. Friedman 101 Banyan Isle Drive Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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"/> 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"/> 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"/> Delete	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:

*IRVING Z. FRIEDMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000  
Date

561 691-1120  
Daytime Phone #