

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094614

1. Entity Name

DEPENDABLE HEALTHCARE PRODUCTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90048 020 ***150.00

Principal Place of Business

Mailing Address

817 HAMPTON CIRCLE
 WESTON FL 33326

817 HAMPTON CIRCLE
 WESTON FL 33322-4102

2. Principal Place of Business

3. Mailing Address

3001 S Ocean dr

3001 S Ocean dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6L

6L

City & State

City & State

Hollywood

Hollywood

Zip

Zip

Country

Country

FL 33019

FL 33019



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874063

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

LEVIN, ISABEL
 817 HAMPTON CIR
 WESTON FL 33162

Name

SHKLOVSKY Yefim

Street Address (P.O. Box Number is Not Acceptable)

3001 S Ocean dr #6L

City

Hollywood

FL

Zip Code

33019

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

Elina Shklovsky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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, 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 D ☒ Delete
 NAME LEVIN, ISABEL
 STREET ADDRESS 817 HAMPTON CIRCLE
 CITY-ST-ZIP WESTON FL 33326

TITLE P. ☐ Change ☒ Addition
 NAME SHKLOVSKY Yefim
 STREET ADDRESS 3001 S Ocean dr #6L
 CITY-ST-ZIP Hollywood FL 33019

TITLE D ☒ Delete
 NAME TATTAKOVSKY, MICHAEL
 STREET ADDRESS 817 HAMPTON CIRCLE
 CITY-ST-ZIP WESTON FL 33326

TITLE V. PRESIDENT ☒ Change ☐ Addition
 NAME SHKLOVSKY ELINA
 STREET ADDRESS 3001 S Ocean dr #6L
 CITY-ST-ZIP Hollywood FL 33019

TITLE D ☐ Delete
 NAME SHKLOVSKY, ELENA
 STREET ADDRESS 817 HAMPTON CIRCLE
 CITY-ST-ZIP WESTON FL 33326

TITLE S. ☐ Change ☒ Addition
 NAME Victor Stern
 STREET ADDRESS 3001 S Ocean dr #6L
 CITY-ST-ZIP Hollywood FL 33019

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Elina Shklovsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 (954) 684-3555

CR2E034 (9/99)