

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90084 026 ***150.00

DOCUMENT # P98000101448

1. Entity Name

WEBMEDICAL SERVICES.COM, INC.

Principal Place of Business

Mailing Address

**W. BROADVIEW DRIVE
 FL 33154-1924**

**9410 W. BROADVIEW DRIVE
 MIAMI FL 33154-1924**

00059204

2. Principal Place of Business

3. Mailing Address

11077 BISCAYNE BLVD.

11077 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

302

City & State
N. MIAMI FL

City & State
N. MIAMI FL

4. FEI Number **65-0879327**

Applied For

Not Applicable

Zip **33161** Country **USA**

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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINERMAN, BURTON
 9410 W. BROADVIEW DRIVE
 MIAMI FL 33154-1924**

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

BURTON FEINERMAN, PRESIDENT/DIRECTOR 4/18/00

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, 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	<input type="checkbox"/> Delete
NAME	FEINERMAN, BURTON	
STREET ADDRESS	9410 W. BROADVIEW DRIVE	
CITY-ST-ZIP	MIAMI FL 33154-1924	
TITLE		<input type="checkbox"/> Delete
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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:

BURTON FEINERMAN, PRES. & DIRECTOR

305-891-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)