

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90006 034 ***150.00

DOCUMENT # P98000102393

1. Entity Name
MEDICAL INDUSTRIAL HYGIENE, INC.

Principal Place of Business
11907 JENNIFER WAY
COOPER CITY FL 33026

Mailing Address
11907 JENNIFER WAY
COOPER CITY FL 33026

2. Principal Place of Business
4485 STIRLING RD
Suite, Apt. #, etc. 205
City & State FT LAUDERDALE, FLA
Zip 33014 Country USA

3. Mailing Address
4485 STIRLING RD
Suite, Apt. #, etc. 205
City & State FT LAUDERDALE, FLA
Zip 33014 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 AmeriLawyer
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. ☒ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUSH, ROBERT N 8183 C SEVERN DRIVE BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUSH, Robert N 4485 STIRLING RD # 205 FT LAUDERDALE, FLA 33014
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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] **DATE REQUIRED** 1/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)