

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**  
 04-06-2000 90039 031 \*\*\*150.00

**C0053270**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000003621

**1. Entity Name**  
 CB Medical, Inc.

**Principal Place of Business**      **Mailing Address**  
 777 So. Flagler Dr., #903      777 So. Flagler Dr., #903  
 West Palm Beach, Fl. 33401      West Palm Beach, Fl. 33401

<b>2. Principal Place of Business</b> 515 No. Flagler Dr. Suite, Apt. #, etc. 1201 City & State West Palm Beach, Fl.		<b>3. Mailing Address</b> 515 No. Flagler Dr. Suite, Apt. #, etc. 1201 City & State West Palm Beach, Fl.	
Zip 33401-4347	Country	Zip 33401-4347	Country

<b>4. FEI Number</b> 65-0989673	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Robert R. Adler, Esq.  
 101 SE 6th Ave.  
 Delray Beach, Fl. 33483-5261

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S/T/D
STREET ADDRESS	Ernest D. Chu
CITY-ST-ZIP	515 No. Flagler Dr., #1201 West Palm Beach, Fl. 33401-4347
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Ernest D. Chu** **561-833-5560**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)