

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**  
 03-27-2000 90095 001 \*\*\*150.00

**DOCUMENT #** P99000046463

**1. Entity Name**  
 CISMED CORPORATION

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business**

**3. Mailing Address**

2700 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

**City & State**

**City & State**

Boca Raton, FL

**4. FEI Number**

65-0925721

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

33431-6394

USA

**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**

**Name**

Goldstein, Mark B.

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

2700 N. Military Trail

Suite 220

**City**

Boca Raton,

**FL** **Zip Code**

33431-6394

**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**

Mark B. Goldstein

3/21/00

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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** Goldstein, Mark B.  
**STREET ADDRESS** 2700 N. Military Trail, Suite 220  
**CITY-ST-ZIP** Boca Raton, FL 33431-6394

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** D  
**STREET ADDRESS** Cisneros, Jose Antonio  
**CITY-ST-ZIP** 2700 N. Military Trail, Suite 220  
 Boca Raton, FL 33431-6394

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** D  
**STREET ADDRESS** Cisneros, Emma  
**CITY-ST-ZIP** 2700 N. Military Trail, Suite 220  
 Boca Raton, FL 33431-6394

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:**

Mark B. Goldstein 3/21/00 (561) 989-9955

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)