

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048651

1. Entity Name

BACKWELL GROUP OF COMPANIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90049 013 ***150.00

Principal Place of Business

Mailing Address

1001 NORTH FEDERAL HIGHWAY
 SUITE 204A
 HALLANDALE FL 33009

644 SOUTHEAST 4TH AVENUE
 FORT LAUDERDALE FL 33301-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

HODGES, PERRY W ESQ.
 644 SOUTHEAST 4TH AVENUE
 FORT LAUDERDALE FL 33301-3102

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

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
 NAME Chairman/President&Director ☐ Delete
 STREET ADDRESS Stanley P. Silverblatt, MD
 CITY-ST-ZIP 1001 N. Federal Hwy, 204 A

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

TITLE
 NAME Hallandale, FL 33009 ☐ Delete
 STREET ADDRESS CEO
 CITY-ST-ZIP Gad Sabbah
 500 Three Islands Blvd #600

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

TITLE
 NAME Hallandale, FL 33009 ☐ Delete
 STREET ADDRESS Vice President&Director
 CITY-ST-ZIP Stephen Forbess, DC
 10940 Stirling Rd, Cooper City, FL

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

TITLE
 NAME Vice President&Director ☐ Delete
 STREET ADDRESS Norman Moskowitz, MD
 CITY-ST-ZIP 1724 E. Hallandale Bch Blvd
 Hallandale, FL 33009

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

TITLE
 NAME Designer ☐ Delete
 STREET ADDRESS Ted Moore (director)
 CITY-ST-ZIP Edward Moore Design, Inc.
 Montreal, Canada

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY P. SILVERBLATT, M.D.

Date

Daytime Phone #

CR2E034 (9/99)