

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000068957**

1. Entity Name

CARDIO CABINET, INC.**FILED****Aug 03, 2000 8:00 am**
Secretary of State

08-03-2000 90092 028 ***150.00

Principal Place of Business

11670 NW 56 DR. #113
CORAL SPRINGS FL 33076

Mailing Address

11670 NW 56 DR. #113
CORAL SPRINGS FL 33076

2. Principal Place of Business

11670 NW 56th Drive
Suite, Apt. #, etc.

3. Mailing Address

11670 NW 56th Dr
Suite, Apt. #, etc.#113
City & State**Coral Springs, FL**Zip **33076** Country **Broward**#113
City & State**Coral Springs, FL**Zip **33076** Country **Broward**

6. Name and Address of Current Registered Agent

MANULA, CYRIL
11670 NW 56 DR. #113
CORAL SPRINGS FL 33076

4. FEI Number

65-0997118

Applied For

Not Applicable

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

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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAMULA, CYRIL**
STREET ADDRESS **11670 NW 56 DR. #113**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**TITLE **D** ☐ Delete
NAME **VINSON, LISA**
STREET ADDRESS **11670 NW 56 DR. #113**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/00 (954) 575-1275

Attachment
D# 00900018957
00076293


Cardio Cabinet, Inc.
11670 NW 56th Drive, #113
Coral Springs, FL 33076
(954) 575-1275

July 25, 2000

Dear Division of Corporations,

I received the uniform business report for Cardio Cabinet a couple of weeks ago and it stated that it was my second notice. I had never received a first notice and immediately called the (850) 488-9000 number and explained this situation to the operator. She instructed me to fill out the report and send the 150.00 fee along with a letter explaining why the report appears to be late when it actually is not.

Sincerely,



Cy Manula