

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

05-28-2002 91500 048 ***150.00

DOCUMENT # P99000076493

1. Entity Name
MEDFINDERS, INC.

Previously submitted 4/2

Principal Place of Business
7250 N.E. 8TH AVENUE
BOCA RATON FL 33487

Mailing Address
7250 N.E. 8TH AVENUE
BOCA RATON FL 33487

38989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0943433**

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

HAZELCORN, MARIANA
7250 NE 8TH AVE
BOCA RATON FL 33487

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **HAZELCORN, MARIANA**
 STREET ADDRESS **7250 N.E. 8TH AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

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:

Steven L. Robinson Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/02 330 425-7071

CR2E034 (4/02)

MEDFINDERS INC.
7250 NE 8TH AVENUE
BOCA RATON, FLORIDA 33487

FIRST UNION NATIONAL BANK
BOCA RATON, FL 33486
63-643/670

7100829

1425

4/26/2002

Attachment
38989
#P99000076493

\$ **150.00

PAY TO THE ORDER OF DEPT. OF STATE

One Hundred Fifty and 00/100

DOLLARS

DEPT. OF STATE

MEMO 65-0943433

00 14 25 06 7006 43 20 20000 5500 4 1

00000 15000

Steven L. Azor

7/15/02

as per phone conversation please see copy of front & back of check # 1425 indicating payment done in timely manner. If you have any questions please call. The UBR was submitted with payment.

44377589

MAY 30 02

211 40420

BANK OF AMERICA, NA JAX
10630000474 E4050 96 P22
05/30/02

6540790084

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

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