

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079714

1. Entity Name

ERGONOMICS, INC.

Principal Place of Business

2255 GLADES ROAD, SUITE 324A  
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD, SUITE 324A  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0946169

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name MICHAEL RUBIN, CPA, PA  
Street Address (P.O. Box Number is Not Acceptable)  
1776 N. PINE ISLAND RD #315  
City PLANTATION FL Zip Code 33322

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.

MICHAEL RUBIN, CPA, PA

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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, 2001 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LINDER, DANIEL	
STREET ADDRESS	14545 J MILITARY TRAIL #162	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LINDER, SILVIA	
STREET ADDRESS	14545 J MILITARY TRAIL #162	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Daniel Linder DANIEL J. LINDER

1/9/2001 (561) 989-5405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90092 023 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)