

DOCUMENT P99000079751
CHINA WEB MEDICAL.COM, INC.

DOCUMENT # P99000079751

1. Entity Name

~~CHINA WEB MEDICAL.COM, INC.~~
CHINA WEB MEDICAL.COM, INC.

Principal Place of Business

Mailing Address

9410 WEST BROADVIEW DR.
MIAMI FL 33154-1924

9410 WEST BROADVIEW DR.
MIAMI FL 33154-1924

2. Principal Place of Business

11077 BISCAYNE BLVD.

3. Mailing Address

11077 BISCAYNE BLVD

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

N. MIAMI FL

City & State

N. MIAMI FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0945829

Applied For

Not Applicable

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

FEINERMAN, BURTON
9410 WEST BROADVIEW DR.
MIAMI FL 33154-1924

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

BURTON FEINERMAN, PRES./DIRECTOR

4/18/00

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
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
STREET ADDRESS
CITY-ST-ZIP
D
FEINERMAN, BURTON
9410 WEST BROADVIEW DR.
MIAMI FL 33154-1924 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

BURTON FEINERMAN, PRES./DIRECTOR

4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90032 032 ***158.75