

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90024 046 ***550.00

DOCUMENT # P99000080234

1. Entity Name

MEDWERKS.COM CORP.



Principal Place of Business

**1 ISLA BAHIA DRIVE
FT. LAUDERDALE FL 33316**

Mailing Address

**1 ISLA BAHIA DRIVE
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

100 NE 3RD AVENUE

3. Mailing Address

100 NE 3RD AVENUE

Suite, Apt. #, etc.

SUITE 490

Suite, Apt. #, etc.

SUITE 490

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

4. FEI Number

65-0994698

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NUDEL, JACOB
1 ISLA BAHIA DRIVE
LAUDERDALE FL 33316**

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

JACOB NUDEL, MD.

7.10.00

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**JACOB NUDEL - CHAIRMAN
1 ISLA BAHIA DRIVE
LAUDERDALE FL 33316**

**DONALD BEAZLEY - PRESIDENT
5070 HAWDOCK ROAD
FT LAUDERDALE FL 33330**

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: **X**

SIGNATURE REQUIRED

JACOB NUDEL, MD.

Date

Daytime Phone #

7.10.00

954.462.1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR