

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092818

1. Entity Name

M & A PRO-MED, INC.

Principal Place of Business

Mailing Address

5548 W OAKLAND PARK BLVD. 5548 W OAKLAND PARK BLVD.
LAUDERHILL FL 33313 LAUDERHILL, FL 33313

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

65-0956037

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

GOLDRICH, DONALD S
3200 NE 4TH STREET
POMPANO BEACH, FL 33062

Name
DIXON ALEXANDRE

Street Address (P.O. Box Number is Not Acceptable)
300 W SUNRISE BLVD. # 1

City
FORT LAUDERDALE

FL

Zip Code
33311

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

Dixon Alexandre

DIXON ALEXANDRE

05/10/2000

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 D ☐ Delete
NAME AMBROISE J. FORTE
STREET ADDRESS 5548 W OAKLAND PARK BLVD.
CITY - ST - ZIP FORT LAUDERDALE, FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003291600
CITY - ST - ZIP -06/15/00--01067--023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ***150.00
CITY - ST - ZIP

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

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

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

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/00 954-739-9993

Date

Daytime Phone #

**Dixon Alexandre
Tax and Accounting Services
300 W Sunrise Blvd., Suite # 1
Fort Lauderdale, FL 33311**

Fort Lauderdale, June 4, 2000

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: M & A PRO-MED, INC.
EIN: 65-0956037

Dear Sir or Madam:

My client claims he never received the Annual Report 2000 for the above mentioned Corporation. In order to comply with the Florida statutes, I filled out the enclosed 2000 UBR form. However, the filing of the report being late, I request the rebate of the penalty.

I appreciate your cooperation.

Sincerely,



Dixon Alexandre