

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90020 015 \*\*\*150.00

**DOCUMENT # P99000092818**

1. Entity Name  
**M & A PRO-MED, INC.**

Principal Place of Business  
**5548 W. OAKLAND PARK BLVD  
LAUDERHILL FL 33313**

Mailing Address  
**5548 W. OAKLAND PARK BLVD  
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1011035**

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

**ALEXANDRE, DIXON  
300 W. SUNRISE BLVD., #1  
FORT LAUDERDALE FL 33311**

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

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, 2002 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **FORTE, AMBROISE J**  
CITY-ST-ZIP **5548 W. OAKLAND PARK BLVD  
LAUDERHILL FL 33313**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-02.**

CR2E034 (9/01)

Attachment  
Doc # 99000092818  
738637

**Dixon Alexandre  
Tax and Accounting Services  
2750 W Oakland Park Blvd. Suite 10G  
Oakland Park, FL 33311**

Fort Lauderdale, June 19, 2000

Internal Revenue Service  
Atlanta, GA 39901

Re: M & A PRO-MED, INC.  
EIN: 65-1011035

Dear Sir or Madam:

The above mentioned corporation was assigned two different Federal Identification Numbers. As a result, I request you cancel the following number: 65-0956037.

I appreciate your cooperation.

Sincerely,

*Dixon Alexandre*

Dixon Alexandre