

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096421

1. Entity Name

NATALMED, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90043 047 ***150.00

Principal Place of Business

1455 NORTH PARK DR.
FT. LAUDERDALE FL 33326

Mailing Address

P.O. BOX 559001
FT. LAUDERDALE FL 33355-9001

2. Principal Place of Business

1301 CONCORD TERR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

[REDACTED]

4. FEI Number

65-0974549

☒ Applied For

☐ Not Applicable

Zip

33323

Country

USA

Zip

[REDACTED]

Country

[REDACTED]

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

JORDAN, BRUCE A
1455 NORTH PARK DR.
FT. LAUDERDALE FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

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)

3/22/00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/D/T KARL B. WAGNER
STREET ADDRESS		STREET ADDRESS	1301 CONCORD TERR
CITY-ST-ZIP		CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S BRUCE A. JORDAN
STREET ADDRESS		STREET ADDRESS	1301 CONCORD TERR
CITY-ST-ZIP		CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE A. JORDAN

3/22/00
Date

Daytime Phone #

CR2E034 (9/99)