

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13619

1. Entity Name

Medquik Supply, Inc.

FILED

00 APR -3 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7300 N. Federal Highway/200 7300 N. Federal Highway/200
Boca Raton, FL 33487 Boca Raton, FL 33487

2. Principal Place of Business 3. Mailing Address
7300 N. Federal Highway 7300 N. Federal Highway

Suite, Apt. #, etc. Suite, Apt. #, etc.
102 102

City & State City & State
Boca Raton, FL Boca Raton, FL

Zip Country Zip Country
33487 USA 33487 USA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0236846 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Samuel J. Cantor
1489 W. Palmetto Park Road, #485
Boca Raton, FL 33486

7. Name and Address of New Registered Agent

Name
Samuel J. Cantor
Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Pkwy NW, #200
City Boca Raton FL Zip Code 33487

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 *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating)

3/27/00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Samuel J. Cantor	
STREET ADDRESS	1489 W. Palmetto Park Road #485	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	Roy H. Bresky	
STREET ADDRESS	950 North Federal Highway	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Barry Kaplan	
STREET ADDRESS	20191 E. Country Club Dr. TH1	
CITY-ST-ZIP	Aventura, FL 33062	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	Jess D. Murri	
STREET ADDRESS	7300 North Federal Highway, #200	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Steven Scotford	
STREET ADDRESS	160 Commonwealth, #403	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Steven G. Rose	
STREET ADDRESS	2717 W. Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Malone	
STREET ADDRESS	7300 N. Federal Highway, #102	
CITY-ST-ZIP	Boca Raton, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* Jerry Malone

3/27/00

561-999-9002