

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90428 007 ***150.00

DOCUMENT # PO1000033237
1. Entity Name
MED TRADE, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-------------------------------------|---|--|
| 2. Principal Place of Business <u>10301 S.W. 58 COURT</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>10301 S.W. 58 CT.</u> Suite, Apt. #, etc. | |
| City & State <u>PINECREST FL</u> | City & State <u>PINECREST FL</u> | 4. FEI Number <u>65-1135754</u> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>33156</u> | Country | Zip <u>33156</u> | Country |

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

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7. Name and Address of Current 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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | <u>D</u> | TITLE | |
| NAME | <u>RAFAEL PALOP</u> | NAME | |
| STREET ADDRESS | <u>10301 SW 58 CT.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>PINECREST FL 33156</u> | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Palop RAFAEL PALOP 4/30/02 (305) 740-9659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)