## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 08:00 AM DOCUMENT # **P9700065272** 1. Entity Name **Secretary of State** MEDTRANS INTERNATIONAL, INC. Principal Place of Business Mailing Address 5397 ORANGE DRIVE 5397 ORANGE DRIVE #102 FORT LAUDERDALE FL FORT LAUDERDALE FL33314 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3461839 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANICKA WANICKA 4397 ORANGE DR # 102 Street Address (P.O. Box Number is Not Acceptable) 5397 ORANGE DR # 102 FORT LAUDERDALE FL33314 US City Zip Code FORT LAUDERDALE 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. 02/05/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE ☐ Delete TITLE VD ☐ Addition CR2E034 (11/00) X Change MAME NADEAH ROLAND NAME NADEAU ROLAND 18233 SOUTHWEST 48TH STREET STREET ADDRESS STREET ADDRESS 5397 ORANGE DRIVE #102 CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-ZIP FORT LAUDERDALE PD ☐ Delete TITLE ☐ Change NAME WANICKA MARK NAME STREET ADDRESS 5397 ORANGE DRIVE # 102 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33314 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

02/05/2001

Daytime Phone #

Date

SIGNATURE: \_\_Mark Wanicka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR