

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90059 012 ***150.00

DOCUMENT # P98000028403

1. Entity Name

MED PEOPLE CORP.

Principal Place of Business

Mailing Address

9999 N.E. 2ND AVENUE
 SUITE 209
 MIAMI SHORES FL 33138

3050 BISCAYNE BLVD.
 801
 MIAMI FL 33137-4143

2. Principal Place of Business

3. Mailing Address

9999 NE 2nd Avenue
 Suite, Apt. #, etc.
Suite 217

3050 Biscayne Boulevard
 Suite, Apt. #, etc.
Suite 502

City & State

City & State

Miami, Florida

Miami Florida

Zip

Country

Zip

Country

33138 United States

33137 United States

4. FEI Number

65-0848240

Applied For

Not Applicable

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

DORNE, CRAIG M
3050 BISCAYNE BLVD.
MIAMI FL 33137

Name
~~The Law Offices of Craig M. Dorne, P.A.~~
 Street Address (P.O. Box Number is Not Acceptable)
3050 Biscayne Boulevard
Suite 502
 City
Miami **FL** Zip Code
33137

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPV	DORNE, ALAN	3050 BISCAYNE BLVD.	MIAMI FL 33137	<input type="checkbox"/>
DTS	QINTANA, VILMA D	3050 BISCAYNE BLVD. #801	MIAMI FL 33137	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPV	Dorne, Alan	3050 Biscayne Boulevard Suite 502	Miami, Florida 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DTS	Quintana, Vilma D.	3050 Biscayne Boulevard, Suite 502	Miami, Florida 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE