

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90177 046 ****61.25

DOCUMENT # N03543

1. Entity Name

MEDINA GROUP HOME, INC.

Principal Place of Business

% DIGNA MEDINA
265 W. 63 ST
HIALEAH FL 33012

Mailing Address

% DIGNA MEDINA
265 W. 63 ST
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2417081

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

MEDINA, DIGNA
265 W. 63 ST
HIALEAH FL 33012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
PD
MEDINA, DIGNA
265 W 63RD ST
HIALEAH FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
VD
ALDERMAN, ELIZABETH
16120 NW 17 PL.
MIAMI FL 33054

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
SD
INGRID, HERNANDEZ S
181 W 63 ST
HIALEAH FL 33012

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TD
ORTIZ, SAUL
9230 SW 185 ST
SO. MIAMI FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
D
ALDERMAN, KARL B
16120 NW 17 PL.
MIAMI FL 33054

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

01-10-02

305-904-2962

Date

Daytime Phone #

CR2E037 (9/01)