

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000086326

**Entity Name:** MD UNION INTERNATIONAL INC.

**Current Principal Place of Business:**

2700 NORTH MIAMI AVE., SUITE 208  
MIAMI, FL 33127

**Current Mailing Address:**

2700 NORTH MIAMI AVE., SUITE 208  
MIAMI, FL 33127 US

**FEI Number:** 92-1192721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVE., SUITE 300  
MIAMI, FL 33131 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DPST  
Name MALDONADO, VERONICA  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

Title DVP  
Name MALDONADO, SAMUEL D  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

Title VSVT  
Name MALDONADO, SAMUEL D  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

Title D  
Name MALDONADO, FE  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

Title D  
Name MALDONADO, ELICE  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

Title D  
Name MALDONADO, ZHAR  
Address 2700 NORTH MIAMI AVE., SUITE 208  
City-State-Zip: MIAMI FL 33127

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MALDONADO , VERONICA

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03/15/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date