

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90207 007 ***158.75

DOCUMENT # 523114

1. Entity Name
MEDIPHARMA, INC.



Principal Place of Business
**2001 SW 27TH AVENUE
MIAMI FL 33145-2540**

Mailing Address
**C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, STE. 507
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1712735**

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

**IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DR., STE. 507
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **SIBLESZ, GEORGE**
STREET ADDRESS **2001 SW 27TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33145-2540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SIBLESZ, CARLOS M.**
STREET ADDRESS **2001 SW 27TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33145-2540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SIBLESZ, MAGALI A.**
STREET ADDRESS **2001 SW 27TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33145-2540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SUBKESZ, ABA-N**
STREET ADDRESS **6053 SEACREST VIEW RD,**
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE ☐ Change ☐ Addition
NAME **SIBLESZ, AKA M**
STREET ADDRESS **6053 SEACREST VIEW RD.**
CITY-ST-ZIP **SAN DIEGO, CA 92121**

TITLE **AS** ☐ Delete
NAME **SIBLESZ, MARILYN E**
STREET ADDRESS **450 CALGULA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146-2804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2001 SW 27 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33145-2540**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 607, 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

2/3/2003 (305) 371-9213

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)