

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523878

1. Entity Name

MEDICA MEDIA, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90040 021 ***150.00

Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD.
SUITE 509
NORTH MIAMI FL 33181
US

12000 BISCAYNE BLVD.
SUITE 509
NORTH MIAMI FL 33181-2703
US

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

59-1710335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHT, PAUL
12000 BISCAYNE BLVD.
SUITE 509
NORTH MIAMI FL 33181

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

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	PD	<input type="checkbox"/> Delete
NAME	LEIGHT, PAUL	
STREET ADDRESS	12000 BISCAYNE BLVD SUITE 509	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEIGHT, LYNN	
STREET ADDRESS	12000 BISCAYNE BLVD #509	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIGHT, LYNN	
STREET ADDRESS	1200 BISCAYNE BLVD #509	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4/6/00 (305) 891-3895