FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 569797 1. Entity Name Medien RE INSURANCE Service, onc.



FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90309 032 ***150.00

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	lace of Business	3. Mailing Address			7	•			
Suite, Apt.	<u>₩. ₩ · 3 6 7h · 5 7</u> #, etc. 5 A	<i>f.</i> 0. B 0 x F 2 0 6 0 3 Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE			
City & State MIAMI	, 6102:dA	City & State M:AM: FloRidA				4. FEI Number Applied For 59-1820930 Not Applicable			
Zip 33166	Country S. A.	Zip 3311-2	Country U-5: A		5. Certi	Certificate of Status Desired \$8.75 Additional Fee Required			
			_	N-	7. Name	and Address of Current	Registered Ag	jent	
		hi r e		Name					
DO-NOT-WRITE Street Address (P.					(P.O. Box N	P.O. Box Number is Not Acceptable)			
IN THIS SPACE									
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		A super particular and particular for the super particular and the s		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 a	nd title if applicable. (NOT	E: Registered	Agent signature require	d when reinstati	ng)	DATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					•	 Election Campaign Fina Trust Fund Contribution 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND I			Part of the state	AND THE PERSON OF THE	Company of the second of the second	ne propie a pyr. North Moland Lond Co.	to the confidence of the first the first terms of t	
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305/599-9610

Daytime Phone #