

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90008 032 ***150.00

DOCUMENT # F01000001228

1. Entity Name
 MDVIP, INC.

Principal Place of Business
 5030 CHAMPION BLVD., G-6, #267
 BOCA RATON FL 33492-2496

Mailing Address
 5030 CHAMPION BLVD., G-6, #267
 BOCA RATON FL 33492-2496

2. Principal Place of Business
 6401 Congress Avenue
 Suite, Apt. #, etc.
 120

3. Mailing Address
 6401 Congress Avenue
 Suite, Apt. #, etc.
 120

City & State
 Boca Raton FL

City & State
 Boca Raton FL

Zip
 33487

Country
 USA

Zip
 33487

Country
 USA

4. FEI Number
 36-4406702

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIPPS, ANDREW
 5030 CHAMPION BLVD., G-6, #267
 BOCA RATON FL 33492-2496

7. Name and Address of New Registered Agent

Name

Darin Engelhardt

Street Address (P.O. Box Number is Not Acceptable)

6401 Congress Ave, Suite 120

City

Boca Raton

FL

Zip Code

33487

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD	GELLER, STEVE	17212 WHITEHAVEN DRIVE BOCA RATON FL 33496	<input type="checkbox"/>
	SCOO	RIPPS, ANDREW	496 TROPIC BLVD. DELRAY BEACH FL 33483	<input type="checkbox"/>
	D	RIPPS, ANDREW	496 TROPIC BLVD. DELRAY BEACH FL 33483	<input type="checkbox"/>
	D	GOLDMAN, EDWARD	7000 WEST CYPRESS HEAD DRIVE PARKLAND FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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

7/26/02

Date

561.886.1482

Daytime Phone #

CR2E034 (9/01)