**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # F69136 1. Entity Name 03-28-2002 90159 028 \*\*\*150.00 MEDERI, INC. Principal Place of Business Mailing Address P O BOX 144536 100 SE ZNU ST CORAL GABLES FL 33114 28 FLOOR MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address \_\_ 4 153 Sevilla Avenue Suite, Apt. #, etc. Sulte, Apt. #, etc. 3 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2181286 Coral Gables, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M.J.F. Registered Agent Corp. KTG89 REGISTERED AGENT CORPORATION Street-Address (P.O.-Box-Number is Not Acceptable) 153 Sevilla Avenue 100 SE 2ND ST 28 FLOOR MIAMI FL 33131 Zip33134 Coral Gables 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 (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Addition NAME SANDRA VAZQUEZ NAME STREET ADDRESS P O BOX 144536 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33114-4536 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME (nesslein, david a MAME P O BOX 144536 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33114-4536 CITY-ST-ZIP TITI F Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 empowered

SIGNATURE:

David A. Nesslein 3///