

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0201611 AV

DOCUMENT # F69138

1. Entity Name
MEDERI OF BROWARD COUNTY, INC.

03-28-2002 90159 031 ***150.00

Principal Place of Business
 P.O. BOX 144536
 CORAL GABLES FL 33114

Mailing Address
~~100 SE 2ND ST~~
~~28 FLOOR~~
~~MIAMI FL 33134~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
153 Sevilla Avenue
 Suite, Apt. #, etc.

City & State
 City & State
Coral Gables, FL

4. FEI Number **59-2179784**
 Applied For
 Not Applicable

Zip Country
33134 USA

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

6. Name and Address of Current Registered Agent

~~RTB&S REGISTERED AGENT CORP.~~
~~100 SE 2ND ST.~~
~~28 FLOOR~~
~~MIAMI FL 33134~~

7. Name and Address of New Registered Agent

Name
M.J.F. Registered Agent Corp.
 Street Address (P.O. Box Number is Not Acceptable)
153 Sevilla Avenue
 City
Coral Gables FL Zip Code
33134

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]*

Pres

3/15/02

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	PD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, SANDRA	
STREET ADDRESS	PO BOX 144536	
CITY-ST-ZIP	CORAL GABLES FL 33114-4536	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NESSLEIN, DAVID A.	
STREET ADDRESS	PO BOX 144536	
CITY-ST-ZIP	CORAL GABLES FL 33114-4536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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]* **David A. Nessler** *3/11/2002* **(305) 447-2357**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (9/01)