

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F69138**

1. Entity Name

MEDERI OF BROWARD COUNTY, INC.

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

03-28-2002 90159 031 ***150.00

0201611 AV

Principal Place of Business

P.O. BOX 144536
CORAL GABLES FL 33114

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

153 Sevilla Avenue

Suite, Apt. #, etc.

~~Suite, Apt. #, etc.~~

City & State

City & State
Coral Gables, FL

Zip

Country

Zip
33134

Country
USA

4. FEI Number **59-2179784**

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

~~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, 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 |
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| 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:

David A. Nessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)