

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90159 040 \*\*\*150.00

0204156 AV

**DOCUMENT # G86042**

1. Entity Name

**MEDERI OF PALM BEACH COUNTY, INC.**

Principal Place of Business

P O BOX 144536  
CORAL GABLES FL 33114-1536

Mailing Address

~~100 SE 2ND ST.~~  
~~28 FLOOR~~  
~~MIAMI FL 33131~~  
~~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**

4. FEI Number

**59-2371759**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33134**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KTGAS REGISTERED AGENCY CORPORATION**

~~100 SE 2ND ST.~~

~~28 FLOOR~~

~~MIAMI FL 33131~~

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST**  
**NESSLEIN, DAVID A.**  
**PO BOX 144536**  
**CORAL GABLES FL 33114-4536** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**VAZQUEZ, SANDRA**  
**PO BOX 144536**  
**CORAL GABLES FL 33114-4536** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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. Nesslein**

**3/11/2002 (305) 447-2350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)