## 2000 Uniform Business Report (UBR) OCUMENT # Jul 20, 2000 8:00 am Secretary of State Entity Name Medical Education Enterprises, Inc. 07-20-2000 90009 050 \*\*\*150.00 Tripal Place of Business Mailing Address 1000 Venetian Way #603 (Same as business address) Miami, FL 33139 Principal Place of Business 3. Mailing Address 1000 Venetian Way Same Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE J03 City & State 4. FEI Number 62-1187651 City & State Applied For ami, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3139 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barbara Bisno 1000 Venetian Way #603 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33139 Zip Code FI 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150,00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President CR2E034 (9/99) Delete TITLE ☐ Change ☐ Addition Alan Bisno NAME 1000 Venetian Way #603 STREET ADDRESS ST-ZIP Miami, FL 33139 CHY-\$1-24P Secretary/Treasurer ☐ Dolete TITLL ☐ Addition ☐ Change Barbara Bisno NAME 1000 Venetian Way STREET ADDRESS CITY-ST-78P Miami, FL 33139 Delete TÍTE Addition NAMI 1000.99 STREET ADDRESS ST ZIP CITY-ST-7IP Delete mit ☐ Addition MAMIL ADDRESS STRUCT ADDRESS ST-ZIP CDY-ST-ZIP ☐ Defete TITLE Change Addition NAME innerge STREET ADDRESS ST-ZIP CHY ST-ZIP ☐ Delete 1000 ☐ Change ■ Addition NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Brown & Johns

CERTIFIED PUBLIC ACCOUNTANTS SUITE A195 9485 SUNSET DRIVE MIAMI, FLORIDA 33173-3214

TELEPHONE (305) 274-8989 FAX (305) 274-8819 Attachment B0/0345)

RICHARD M. BROWN, C.P.A. LOUIS G. JOHNS, C.P.A.

TERRI S. CHAPMAN, C.P.A.

MEMBERS

AMERICAN INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS

June 19, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Medical Education Enterprises

ID #65-0443931

Dear Sir or Madam:

Our firm is responsible for compliance/filing of the abovecaptioned client's 2000 Uniform Business Report. As per my conversation with Tom, one of your representatives, I informed him that Medical Education did not receive a pre-printed form and was advised by Tom to include this letter along with the completed report and the payment of the \$150.00 fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Richard M. Brown

RMB:atm

**Enclosure**