

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90159 035 ***150.00

0205012 AV

DOCUMENT # L96361

1. Entity Name
MEDERI OF DUVAL COUNTY, INC.

Principal Place of Business
P. O. BOX 144536
CORAL GABLES FL 33114-1536

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



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
153 Sevilla Avenue

City & State
Coral Gables, FL

4. FEI Number **65-0215830**
 Applied For
 Not Applicable

Zip **33134** Country **USA**

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

6. Name and Address of Current Registered Agent
~~KTG&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]* **President** **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESSLEIN, DAVID		NAME		
STREET ADDRESS	P O BOX 144536		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33114-4536		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, SANDRA		NAME		
STREET ADDRESS	P O BOX 144536		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33114-4536		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 like empowered.

SIGNATURE: *[Signature]* **David A. Nesslein** **3/14/2002** **(305) 447-2350**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)