

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90329 006 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L96362

1. Entity Name

MEDERI OF PINELLAS COUNTY, INC.

DO NOT WRITE IN THIS SPACE

80053796

2. Principal Place of Business
P.O. BOX 144536

3. Mailing Address
153 SEVILLA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number
65-0215831

Applied For
Not Applicable

Zip
33114-4536

Country
USA

Zip
33134

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
M.J.F. REGISTERED AGENT CORP.

Street Address (R.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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

PRESIDENT
SANDRA VAZQUEZ
PO BOX 144536
CORAL GABLES, FL 33114-4536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 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 #

CR2E034B (12/01)