

2001 UNIFORM BUSINESS REPORT (UBR)

0032437 SP

DOCUMENT # **L99000005548**

1. Entity Name
MEDINA, L.L.C.

FILED

01 APR 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2730 BUILDING "C," WESTGATE AVENUE
WEST PALM BEACH FL 33409**

Mailing Address
**2730 BUILDING "C," WESTGATE AVENUE
WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2722 Westgate Avenue
Suite, Apt. #, etc.

3. Mailing Address
2722 Westgate Avenue
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country
United States

Zip
33409

Country
United States

4. FEI Number
65-0948775

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDINA, JOSE E
2730 - C WESTGATE AVENUE
WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

4-20-01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**800004163518--8
-05/08/01--01138--020
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDINA, JOSE E 2730 BUILDING "C," WESTGATE AVENUE WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDINA, ROSEMARY 2730 BUILDING "C," WESTGATE AVENUE WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE **Jose E Medina**

4-20-01

561-640-4130

CR2E083 (11/00)