

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005548**

1. Entity Name

MEDINA, L.L.C.

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

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

6. Name and Address of Current 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 its 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**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MEDINA, ROSEMARY
2730 BUILDING "C." WESTGATE AVENUE
WEST PALM BEACH FL 33409**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

003287
JN/337

SP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0948775** Applied For
Not Applicable

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

CR2E083 (11/00)