

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90894 036 ***150.00

DOCUMENT # P00000016563

1. Entity Name

MEDICAL COURIER SYSTEMS INC.

Principal Place of Business

**17035 S.W. 145TH AVENUE
 MIAMI FL 33177**

Mailing Address

**17035 S.W. 145TH AVENUE
 MIAMI FL 33177**

2. Principal Place of Business

**19210 East Oakmont Drive.
 Suite, Apt. #, etc.**

3. Mailing Address

**19210 East Oakmont Drive.
 Suite, Apt. #, etc.**

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0993251**

Applied For
 Not Applicable

Zip Country
33015 USA

Zip Country
33015 USA

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

6. Name and Address of Current Registered Agent

**DIAZ, DANIEL R
 17035 S.W. 145TH AVENUE
 MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name **Diaz, Daniel R**
 Street Address (P.O. Box Number is Not Acceptable)
19210 East Oakmont Drive.
 City **Miami FL** Zip Code **33015**

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

Deniel Diaz
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/10/02

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

TITLE **D** ☐ Delete
 NAME **DIAZ, DANIEL R**
 STREET ADDRESS **17035 S.W. 145TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Deniel Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 305338-4976

CR2E034 (9/01)