

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90089 021 \*\*\*158.75

**DOCUMENT # P00000017509**

1. Entity Name  
**MEDPRO ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

55 SW 148TH AVE.  
SUITE 130  
SUNRISE FL 33325

55 SW 148TH AVE.  
SUITE 130  
SUNRISE FL 33325

2. Principal Place of Business

3. Mailing Address

555 SW 148 Avenue

555 SW 148 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Sunrise, FL

Sunrise, FL

Zip

Country

Zip

Country

33325

USA

33325

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNOZ, HUMBERTO  
1021 NW 95 TERRACE  
PLANTATION FL 33322

Name

Corporation Service Company

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

1201 Hayes Street

City

Tallahassee

FL

Zip Code

32301

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

**BRIAN COURTNEY, ASST. VP.**

(NOTE: Registered Agent signature is required when reinstating)

DATE

1/15/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PIERCEY, MICHAEL	
STREET ADDRESS	1021 NW 95 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LLANO, MANUEL R	
STREET ADDRESS	1021 NW 95 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MUNOZ, HUMBERTO	
STREET ADDRESS	1021 NW 95 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCEY, MICHAEL C.	
STREET ADDRESS	555 SW 148 Avenue	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANO, MANUEL R.	
STREET ADDRESS	555 SW 148 Avenue	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, HUMBERTO J.	
STREET ADDRESS	555 SW 148 Avenue	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humberto J. Munoz

1/10/01

Date

(954) 370-9466

Daytime Phone #

CR2E034 (10/00)