

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078136

1. Entity Name
MEDICAL INVESTMENT 2000 INC.

Principal Place of Business
5220 NW 72 AVE #28
MIAMI FL 33166

Mailing Address
5220 NW 72 AVE #28
MIAMI FL 33166

2. Principal Place of Business
4753 NW 72nd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33166

Country
USA

Zip

Country

4. FEI Number
Applied

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIRALDO, MARIA E
5220 NW 72 AVE #28
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

4753 NW 72nd Ave

City Miami

FL

Zip Code

33166

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) ☒

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RYDELIS B., ANTANAS
~~5220 NW 72 AVE #28~~ 4753 NW 72 AVE
MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DE RYDELIS, EDGAR I
~~5220 NW 72 AVE #28~~ 4753 NW 72 AVE
MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
RYDELIS, MASSIEL
~~5220 NW 72 AVE #28~~ 4753 NW 72 AVE
MIAMI FL 33166

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RYDELIS, ASTRID
~~5220 NW 72 AVE #28~~ 4753 NW 72 AVE
MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90168 001 ***150.00



DO NOT WRITE IN THIS SPACE

0206121

CR2034 (10/00)