

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90089 041 ***150.00

DOCUMENT # P01000023261

1. Entity Name

MEDICAL DOCTOR'S FORMULA NETWORK INC.

Principal Place of Business

Mailing Address

**7750 SW 29 ST
MIAMI FL 33155****7750 SW 29 ST
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1090513

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMADOR, JUAN SR
7750 SW 29 ST
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

Tomas D Morcate

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

7750 S W 29 St.

City

Miami,**FL**

Zip Code

33155

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 **Tomas D Morcate**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 16, 2,002

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	AMADOR, EVA A			
	7750 SW 29 ST			
	MIAMI FL 33155			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

April 16, 2,002

Date

Daytime Phone #

CR2E034 (9/01)