

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90095 047 ***150.00

DOCUMENT # P01000058108

1. Entity Name

MEDICAL OPTIONS CARD, INC.

Principal Place of Business

1490 WEST 49TH PLACE

SUITE 492

HIALEAH FL 33012

Mailing Address

1490 WEST 49TH PLACE

SUITE 492

HIALEAH FL 33012

2. Principal Place of Business

5880 W 20 AVE

Suite, Apt. #, etc.

HIALEAH

City & State

FLORIDA

Zip

33016

Country

USA

3. Mailing Address

127277 P.O. BOX

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1111968

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 ☐ Delete

PTD
MORALES, IGNACIO
1490 WEST 49TH PLACE
HIALEAH FL 33012

TITLE NAME ☐ Delete

SVD
PEREZ, ARMANDO A
1490 WEST 49TH PLACE
HIALEAH FL 33012

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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:

ARMANDO A. PEREZ VICE-PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
 Date

305-828-0304
 Daytime Phone #

CR2E034 (9/01)