

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90462 032 \*\*\*150.00

**DOCUMENT # P01000068417**

1. Entity Name  
**MEDUSA FLORIDA MANAGEMENT CORP.**

Principal Place of Business

**145 MADEIRA AVENUE  
 SUITE 310  
 CORAL GABLES FL 33134**

Mailing Address

**145 MADEIRA AVENUE  
 SUITE 310  
 CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**01-0615956**

Applied For

Not Applicable

Zip

**33131**

Country

Zip

**33131**

Country

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

6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVENUE  
 SUITE 310  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Juan Pablo Bayona**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 Brickell Ave.**  
 City **Miami** **FL** Zip Code **33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**VICTOR JANIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**  
 Date

**(305) 351-1000**  
 Daytime Phone #

CR2E034 (9/01)