

2/26/02

FILED
May 01, 2002 8:00 am
Secretary of State

02-26-2002 90036 013 ***163.75

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000092143**

1. Entity Name
FLORIDIAN MED SERVICES, INC.

Principal Place of Business

340 LA VILLA DRIVE
MIAMI FL 33166

Mailing Address

340 LA VILLA DRIVE
MIAMI FL 33166

2. Principal Place of Business

340 LA VILLA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

340 LA VILLA DRIVE

Suite, Apt. #, etc.

City & State

Miami Springs, FL

City & State

Miami Springs, FL

4. FEI Number

651139298

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **EDUARDO A. OROZCO**

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

340 LA VILLA DRIVECity **Miami Springs 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 date of registration

EDUARDO A. OROZCO (Director President)DATE **02-04-02**

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

DP

SIQUERA, MARCO A
1059 NE 203 TERRACE
MIAMI FL 33179

☒ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

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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)(f), 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 807, 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 EDUARDO A. OROZCO**02/04/02 (305)802-6735**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP202034 (8/01)