

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90126 045 ***150.00

DOCUMENT # P01000114842

1. Entity Name

MEDIBILL UNLIMITED CORP

Principal Place of Business

**18131 SW 18 ST.
MIRAMAR FL 33029**

Mailing Address

**18131 SW 18 ST.
MIRAMAR FL 33029**

2. Principal Place of Business

18131 SW 18 ST

Suite, Apt. #, etc.

3. Mailing Address

18131 SW 18 ST

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33029

Country

U.S.A

City & State

MIRAMAR, FL

Zip

33029

Country

U.S.A

4. FEI Number

65-1158153

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAU, MARILYS
18131 SW 18 ST.
MIRAMAR FL 33029**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAU, MARILYS 18131 SW 18 ST. MIRAMAR FL 33029 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

MARILYS GRAU (D)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**02/19/02 (954) 257-0564**
Date Daytime Phone #

CR25C34 (9/01)