

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

DOCUMENT # P02000131886

1. Entity Name

MEDEROS & VALDES INVESTMENT, CORP.



02-21-2003 90757 001 ***150.00

02-21-2003 90757 002 *****8.75

Principal Place of Business

2210 LEE STREET
HOLLYWOOD FL 33020
US

Mailing Address

2210 LEE STREET
HOLLYWOOD FL 33020
US

2. Principal Place of Business

5923 Ravenswood Rd

3. Mailing Address

Suite, Apt. #, etc.

Bla G-15

City & State

DANIA FL

Zip

Country

33312

Broward

Zip

Country

4. FEI Number

418-1290504

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEDEROS, JUAN C
2210 LEE STREET
HOLLYWOOD FL 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Juan C Mederos*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MEDEROS, JUAN C**
STREET ADDRESS **2210 LEE STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **V** ☐ Delete
NAME **VALDES, LUIS L**
STREET ADDRESS **925 N ANDREWS AV**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan C Mederos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/03

Date

Daytime Phone #

CR2E034 (10/02)