## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P93000064296 1. Entity Name TONY MEDINA, INC. 04-30-2001 90322 028 \*\*\*150.00 Principal Place of Business Mailing Address 801 BRICKELL BAY DRIVE 801 BRICKELL BAY DRIVE SUITE 568 SUITE 568 962223 MIAM! FL 33131 MIAMI FL 33131 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0436881 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hARd Green MEDINA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL BAY DRIVE, STE 568 **MIAMI FL 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. hARd Green SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **Change** TITLE Delete TITLE GREEN RICHARD BOI BRICKELL BAY Dr., Ste, 568 MEDINA, JOSE A. NAME NAME 801 BRICKELL BAY DRIVE, STE 568 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MiAMI,PL 33/3/ **MIAMI FL 33131** CITY-ST-ZIP ☐ Addition Change TS □ Delete TITLE TITLE **GREEN, RICHARD** NAME NAME 801 BRICKELL BAY AVENUE DRIVE, STE 568 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP - Change Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.