

02/03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

pg 1092

DOCUMENT # 994000002315

1. Entity Name

MEDICAL 2000 CO.



FILED

03 APR 15 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 W. 12 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33012

Country

Zip

Country

4. FEI Number

65-0457704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

100016062671

04/15/03--01024--030 **150.00

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LUIS ANGELOTTA

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

2900 W. 12 AVE SUITE 10

City

HIALEAH

FL

Zip Code

33012

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

Luis Angella

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

LUIS ANGELOTTA

STREET ADDRESS

2900 W. 12 AVE

CITY-ST-ZIP

HIALEAH, FL 33012

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100016062671

04/15/03--01024--030 **150.00

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Angella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

PS 20F2

MEDICAL 2000 CO.

January 25, 2003

Department of State
Division of Corporation

Doe # P94000002315

Dear Sir or Madam:

We apologize for the inconvenience that this has caused you and we would like to ~~inform you that we have never received the UBR report renewal during this year. Please~~ reinstate our corporation. A check in the amount of \$150.00 is enclosed in order to activate the reinstatement. We have named a new agent for our company so that he may be able to receive the information and make us aware as to the renewal dates in the future.

Sincerely,

Luis Angarita
President

2900 W. 12th Ave. #10
Hialeah, FL 33012