

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90159 036 ***150.00

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DOCUMENT # P95000013196

1. Entity Name

MEDERI OF ESCAMBIA COUNTY, INC.

Principal Place of Business

**PO BOX 144536
 CORAL GABLES FL 33114-4536**

Mailing Address

~~100 SE 2ND ST~~
28TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

153 Sevilla Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables, FL

4. FEI Number **65-0567718**

Applied For

Not Applicable

Zip

Country

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~KTO&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST~~
~~28TH FLOOR~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name **M.J.F. Registered Agent Corp.**
 Street Address (P.O.-Box Number is Not Acceptable)
153 Sevilla Avenue

City **Coral Gables** **FL** Zip Code **33134**

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **VAZQUEZ, SANDRA**
 STREET ADDRESS **PO BOX 144536**
 CITY-ST-ZIP **CORAL GABLES FL 33114-4536**

TITLE **DST** ☐ Delete
 NAME **NESSLEIN, DAVID**
 STREET ADDRESS **PO BOX 144536**
 CITY-ST-ZIP **CORAL GABLES FL 33114-4536**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Nesslein

Date

Daytime Phone #

3/11/2002 (305) 447-2380

CR2E034 (9/01)