

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90159 033 ***150.00

DOCUMENT # P95000013199

1. Entity Name
MEDERI OF LEON COUNTY, INC.

Principal Place of Business
P O BOX 144536
CORAL GABLES FL 33114-4536

Mailing Address
~~100 SE 2ND ST~~
~~28 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

Zip

Country

Zip
33134

Country
USA

4. FEI Number
65-0567720

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~KTAGS REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST~~
~~28 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 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 NAME STREET ADDRESS CITY - ST - ZIP	PD VAZQUEZ, SANDRA P O BOX 144536 CORAL GABLES FL 33114-4536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NESSLEIN, DAVID P O BOX 144536 CORAL GABLES FL 33114-4536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

3/11/2002 (305) 447-2350

Date

Signature Phone #

CR2E034 (9/01)