

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081159

1. Entity Name

MDME, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90025 025 ***150.00

Principal Place of Business

2520 SW 22ND ST
#234
MIAMI FL 33145
US

Mailing Address

2520 S.W. 22ND ST
#234
MIAMI FL 33145-3438
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0612421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, LUIS M
2520 S.W. 22ND ST
SUITE 234
MIAMI FL 33145

Name

Gonzalez, Daniel A

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

2520 S.W. 22nd Street

Suite 234

City

Miami

FL

Zip Code

33145

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME ~~PD~~
STREET ADDRESS ~~RAMIREZ, LUIS M~~
CITY-ST-ZIP ~~2520 S.W. 22ND ST~~
~~MIAMI FL 33145~~

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, DANIEL A
CITY-ST-ZIP PASARELL #22
VANCO PR 00698

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Gonzalez, Daniel A
CITY-ST-ZIP Calle Comercio # 22B
YAUCO, PR 00698

TITLE ☒ Delete
NAME D
STREET ADDRESS SANTIAGO, KERMITH C
CITY-ST-ZIP PAVARELL #22
VANCO PR 00698

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

TITLE ☒ Delete
NAME D
STREET ADDRESS GUTIERREZ, FERNANDO RODRI
CITY-ST-ZIP PASAROLL #22
VANCO PR 00698

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

1/13/2000 (787) 856-8773

CR2E034 (9/99)