

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90066 012 ***150.00

DOCUMENT # **P96000006537**
 Entity Name
Medical Values, Inc.

Principal Place of Business Mailing Address
750 W 16 ave #306 3750 W 16 ave #306
Hialeah FL 33012 Hialeah FL 33012

B0101317

Principal Place of Business 3. Mailing Address
7440 W 80 st ✓ 256 NW 42 ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit # 6
 City & State City & State
Hialeah Miami FL
 Zip Country Zip Country
33016 US 33126 US

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0643140 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Sanchez, Claire M
7365 W 4 ave #12
Hialeah FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS
Sanchez, Claire M	7365 W 4 ave #12	Hialeah FL 33014	<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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 #

CR2E034 (9/99)