

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90115 034 ***150.00

DOCUMENT # P96000028743

1. Entity Name
MEDINA HOLDINGS, INC.

Principal Place of Business
21011 JOHNSON STREET
STE 108
PEMBROKE PINES FL 33029

Mailing Address
21011 JOHNSON STREET
STE 108
PEMBROKE PINES FL 33029
US

2. Principal Place of Business
2962 SW 141 TERR
 Suite, Apt. #, etc.

3. Mailing Address
2962 SW 141 TERR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL
Zip
33330
Country
BROWARD

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DAVIE FL
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33330
Country
BROWARD

4. FEI Number **65-0664720** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
MEDINA, OSVALDO
167 W. 23RD ST
HIALEAH FL 33010

7. Name and Address of New-Registered Agent
Name **OSVALDO MEDINA**
Street Address (P.O. Box Number is Not Acceptable)
2962 SW 141 TERRACE
City **DAVIE** **FL** **Zip Code** **33330**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MEDINA, OSVALDO 5720 SW 198 TERR FORT LAUDERDALE FL 33332 <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
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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
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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

Date

Daytime Phone #

CR2E034 (9/01)