

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096382

1. Entity Name
MDYK, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90044 019 ***150.00

Principal Place of Business
21376 MARINA COVE
C-18
AVENTURA FL 33180

Mailing Address
21376 MARINA COVE
C-18
AVENTURA FL 33180

2. Principal Place of Business
20640 NE 25th place

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI FLORIDA

City & State

4. FEI Number 65-6719150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KADOVCH, LAUREN
21376 MARINA COVE
C-18
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name KADOVCH LAUREN
Street Address (P.O. Box Number is Not Acceptable)
20640 NE 25th place
City NORTH MIAMI FL Zip Code 33180

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 DATE 04/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | P KADOVCH, LAUREN 21376 MARINA COVE, C-18 AVENTURA FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KADOVCH Laurent 20640 NE 25th place NORTH MIAMI FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 (10/00)