

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 997000022727
1. Entity Name
Medipharma International Enterprises, Inc

FILED

02 JUN 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3795 W 18 Avenue
Suite, Apt. #, etc.

3. Mailing Address
3795 W 18 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Fla
Zip
33012 Country

City & State
Hialeah, Fla
Zip
33012 Country

4. FEI Number
65-0831860

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patricia Carlson McGowan
Street Address (P.O. Box Number is Not Acceptable)
725 North Southlake Drive
City
Hollywood FL Zip Code
33019

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 Olga Sechi
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
Director
Patricia Carlson McGowan
725 North Southlake Drive
Hollywood FL 33019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Olga Sechi, President
10190 Collins Ave #101
Bal Harbor FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Olga Sechi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 305 3649000
Date Daytime Phone *

CR2034B (12/01)

John J. McGoohan
3400 N. Surf Rd #2
Hollywood, Florida
(954)448-5115

May 20, 2002

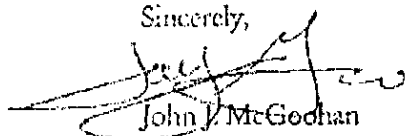
Re: Medipharma Inc.

To whom it may concern:

I recently received information from your office requesting information pertaining to the corporation named Medipharma.

Please note that as of 1/1/01, I was no longer involved with the corporate entity Medipharma Inc. as an officer or owner.

Sincerely,


John J. McGoohan