

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PG700082403** ✓

1. Entity Name

MEDI-BUILD GROUP, INC.

Principal Place of Business Mailing Address  
801 A. GODFREY RD. P.O. BOX 402037  
SUITE 600 MIAMI BEACH, FL 33140  
MIAMI BEACH, FL 33140

2. Principal Place of Business c/o M. POLAKOV

Suite, Apt. #, etc. 151 CRANDON BLVD.

City & State KEY BISCAVNE, FL

Zip 33149 Country U.S.A.

4. FEI Number Applied For

6. Certificate of Status Desired Yes \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL GOLDBERG, CPA  
16855 N.E. 2ND AVE.  
MIAMI, FL 33162

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \$650.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. Yes

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	Delete	TITLE	Change	Addition
	PRES/SECY				
STREET ADDRESS	MICHAEL P. POLAKOV		STREET ADDRESS		
CITY - ST - ZIP	151 CRANDON BLVD		CITY - ST - ZIP		
	KEY BISCAVNE, FL. 33149				
TITLE	NAME	Delete	TITLE	Change	Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	Delete	TITLE	Change	Addition
STREET ADDRESS			STREET ADDRESS		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	Delete	TITLE	Change	Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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

MICHAEL P. POLAKOV 4-28-00 305-532-2000

Date

Daytime Phone #

FILED  
Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90003 022 \*\*\*163.75

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DO NOT WRITE IN THIS SPACE

65-0778992

CR2E034 (9/99)