

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085587

1. Entity Name

MEDICAL PRINTING SERVICES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90003 013 ***158.75

Principal Place of Business

1450 MADRUGA AVENUE #207
CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVENUE #207
CORAL GABLES FL 33146-3017

2. Principal Place of Business

1550 Madruga Avenue

Suite, Apt. #, etc.

SUITE 208

3. Mailing Address

1550 Madruga Avenue

Suite, Apt. #, etc.

SUITE 208

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0812857

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, GRETEL
1450 MADRUGA AVENUE #207
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Gretel Delgado

Street Address (P.O. Box Number is Not Acceptable)

1550 Madruga Avenue, Suite 208

City

Coral Gables

FL

Zip Code

33146

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

4/24/00

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 \$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

TITLE **P** ☐ Delete
NAME **DELGADO, GRETEL**
STREET ADDRESS **1450 MADRUGA AVE. #207**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Gretel Delgado**
STREET ADDRESS **1550 Madruga Avenue, Suite 208**
CITY-ST-ZIP **Coral Gables FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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)(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 #

4/24/00 3056656850