

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096342

1. Entity Name

MEDRESOURCE SOLUTIONS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90091 016 ***550.00

Principal Place of Business

6855 SW 81 ST
MIAMI FL 33143

Mailing Address

6619 SOUTH DIXIE
HWY #205
MIAMI FL 33143-7919

2. Principal Place of Business

6356 MANOR LANE

3. Mailing Address

6356 MANOR LANE

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

4. FEI Number

65-0818257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, LOIS
5900 SW 49 ST.
MIAMI FL 33155

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 \$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 **D** ☐ Delete
NAME **GONZALEZ, LOIS**
STREET ADDRESS **8785 NW 13 TERRACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PRES** ☒ Change ☐ Addition
NAME **JOSIE TRESPALACIOS**
STREET ADDRESS **12600 SW 68 CT.**
CITY-ST-ZIP **MIAMI, FL. 33156**

TITLE **V** ☐ Delete
NAME **SARDINAS, DIANE G**
STREET ADDRESS **8785 NW 13 TERRACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VICE-PRES** ☒ Change ☐ Addition
NAME **JOSE CARDENAS**
STREET ADDRESS **9121 SW 157 AVE RD.**
CITY-ST-ZIP **MIAMI, FL. 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **EDWIN RIVERA**
STREET ADDRESS **6110 SW 33 ST.**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **LOIS GONZALEZ**
STREET ADDRESS **5900 SW 49 ST.**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOIS GONZALEZ (TREA) **2-22-00** **305-667-7871**

CR2E034 (9/99)