

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028403

1. Entity Name

MED PEOPLE CORP.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90059 012 \*\*\*150.00

Principal Place of Business

9999 N.E. 2ND AVENUE  
SUITE 209  
MIAMI SHORES FL 33138

Mailing Address

3050 BISCAYNE BLVD.  
801  
MIAMI FL 33137-4143

2. Principal Place of Business

9999 NE 2nd Avenue  
Suite, Apt. #, etc.  
Suite 217

3. Mailing Address

3050 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 502

City & State  
Miami, Florida

City & State  
Miami Florida

4. FEI Number 65-0848240

Applied For  
Not Applicable

Zip Country  
33138 United States

Zip Country  
33137 United States

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

6. Name and Address of Current Registered Agent

DORNE, CRAIG M  
3050 BISCAYNE BLVD.  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name  
The Law Offices of Craig M. Dorne, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
3050 Biscayne Boulevard  
Suite 502  
City Miami FL Zip Code 33137

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]*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV DORNE, ALAN 3050 BISCAYNE BLVD. MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS QINTANA, VILMA D 3050 BISCAYNE BLVD. #801 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV Dorne, Alan 3050 Biscayne Boulevard Suite 502 Miami, Florida 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Quintana, Vilma D. 3050 Biscayne Boulevard, Suite 502 Miami, Florida 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #