

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90064 042 ***150.00

DOCUMENT # **P98000029061** ✓

1. Entity Name

MEDERO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

817 E. River Dr.

P.O. Box 292235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Temple Terrace, FL

Tampa, FL

Zip

Country

Zip

Country

33617

USA

33687

USA

4. FEI Number

59-3503817

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

Name

MEDERO, Harold V.

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

817 E. River Drive

City

Temple Terrace

FL

Zip Code

33617

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

(Harold V. Medero)

4/8/01

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D MEDERO, Harold V.**
STREET ADDRESS **817 E. River Dr.**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MEDERO, Shireene A.**
STREET ADDRESS **817 E. River Dr.**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

(Harold V. Medero)

4/8/01

813.917.1386

Date

Daytime Phone #

CR2E034 (11/00)