## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT #\*P98000030729 1. Entity Name MEDIBEN, INC. 04-24-2001 90337 037 \*\*\*150.00 Mailing Address Principal Place of Business 4100 NORTH MIAMI AVENUE 4100 NORTH MIAMI AVENUE MIAMI-FE 33127 MIAMI FL, 83127 3. Mailing Address 2. Principal Place of Business 1031 NE 105-79 2331 NE 192~9 TREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0900175 Not Applicable BACH · MIA47 \$8.75 Additional Zip Country 5. Certificate of Status Desired 2U 33180 <u>33180</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOVAERT, GUI L Street Address (P.O. Box Number is Not Acceptable) 4100 NORTH MIAMI AVENUE DOB, NE 192-4 STREE **MIAMI FL 33127** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition President ☐ Delete TITLE D TITLE Benoit De Pois Babine 19and st. GOVAERT, GUI L NAME NAME STREET ADDRESS 4100 NORTH MIAMI AVENUE STREET ADDRESS V. Hiami Beach, 74 33180 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33127** ☐ Change Addition TITLE Delete TITLE NAME Havie Detry Depuis NAME STREET ADDRESS 223, NE 19246 54. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. Miami Beach, Fb 33180 \_\_\_\_ Addition Treasurer TiTl F- . 9 Delete TITLÉ NAME Ivan DePois NAME STREET ADDRESS 223: NE 192 N& ST. STREET ADDRESS CITY-ST-ZIP N. Hiami Beach, FN 33180 CITY-ST-ZIP Asst. Scoretary Addition ☐ Delete TITLE TITLE Gui L.P. Govae NAME NAME 223; NE 192NA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. Hiami Beach FW 33180 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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)(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:

Date

Date

Daytime Phone \*