

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-22-2000 90003 030 ***150.00

DOCUMENT # P98000047836

1. Entity Name

MEDIMEX, CORP.

R

Principal Place of Business

11712 SW 13 ST
MIAMI FL 33184

Mailing Address

11712 SW 13 ST
MIAMI FL 33184-2508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

OIDE, JACQUELINE
11712 SW 13TH ST
MIAMI FL 33184

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OIDE, JACQUELINE
PO BOX 182355 N/A
MIAMI FL 33116

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
IBARRA, ROBERTO
8925 COLLINS AVE #5E
SURFSIDE FL 33141

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRETON, JOSE LUIS
265 THIERS #2 COL ANZURES
MEXICO DF MEXICO

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MOYA, SIXTO HERRERA
AVE COL DEL VALLE 443 #2
MEXICO DF MEXICO

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZAVALA PORTO, ADRIANNA
PICAGREGOS #78 CO LOMAS
DE LAS AGUILAS, MEXICO

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

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

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

305-234-4101

Daytime Phone #

CR2E034 (9/99)