

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-14-2002 90351 040 ***150.00
 05-23-2002 90078 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000074271			
1. Entity Name MED ALL CO.			
Principal Place of Business 650 S.W. 12TH AVENUE MIAMI FL 33130		Mailing Address 650 S.W. 12TH AVENUE MIAMI FL 33130	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, CARLOS M 650 S.W. 12TH AVENUE MIAMI FL 33130		Name <u>Jose M. Garcia</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>2760 SW 8th St 3rd Floor</u>	
		City <u>Miami</u> FL Zip Code <u>33135</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-29-2002</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>RD</u> <input checked="" type="checkbox"/> Delete NAME <u>GARCIA, CARLOS M</u> STREET ADDRESS <u>650 S.W. 12TH AVENUE</u> CITY-ST-ZIP <u>MIAMI FL 33130</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <u>VD</u> <input type="checkbox"/> Delete NAME <u>GARCIA, JOSE M</u> STREET ADDRESS <u>650 S.W. 12TH AVENUE</u> CITY-ST-ZIP <u>MIAMI FL 33130</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 another like empowered.

SIGNATURE: [Signature] **4-29-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)