

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91151 042 ***150.00

DOCUMENT # *P98000074271*

1. Entity Name

MED ALL CO.

11040333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2260 SW 8 St.

3. Mailing Address

2260 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

Zip

33135

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE M. GARCIA

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

2260 SW 8 St., 3rd Floor

City

MIAMI

FL

Zip Code

33135

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IN THIS SPACE**

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

4/30/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*P
GARCIA, JOSE M
2260 SW 8 St. 3rd Floor
MIAMI, FL 33135*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M GARCIA

Date

4/30/03

Daytime Phone #

CR2E034B (12/01)