

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90229 045 ***150.00

07/23/01 AV

DOCUMENT # P98000080475

1. Entity Name
MEDICBILL ENTERPRISES, INC.

Principal Place of Business

**9370 S.W. 72ND STREET
 SUITE A-130
 MIAMI FL 33173**

Mailing Address

**9370 S.W. 72ND STREET
 SUITE A-130
 MIAMI FL 33173**

2. Principal Place of Business

9380 SW 72 ST

3. Mailing Address

PO BOX 833383

Suite, Apt. #, etc.

B-185

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

DADE

Zip

33283

Country

DADE

4. FEI Number

65-0870985

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RUBIO, LYDIA M
 9370 S.W. 72ND STREET
 SUITE A-130
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **LYDIA M RUBIO**

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

9380 SW 72 ST # B-185

City

MIAMI

FL

Zip Code

33173

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

Lydia M Rubio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **RUBIO, LYDIA M**
 STREET ADDRESS **9370 S.W. 72ND STREET**
 CITY-ST-ZIP **MIAMI FL 33173**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Lydia M Rubio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 (305) 279-3150

CR2E034 (9/01)