

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007439

1. Entity Name

MED-CONCEPTS, INC.

R

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90574 013 \*\*\*150.00

Principal Place of Business

14311 S.W. 36TH STREET  
MIAMI FL 33175

Mailing Address

14311 S.W. 36TH STREET  
MIAMI FL 33175

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

65 0895915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GOMEZ, FRANK  
14311 S.W. 36TH STREET  
MIAMI FL 33175

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS GOMEZ, FRANK  
CITY-ST-ZIP 14311 S.W. 36TH STREET  
MIAMI FL 33175

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GOMEZ, ROSE  
CITY-ST-ZIP 14311 S.W. 36TH STREET  
MIAMI FL 33175

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**David C. Boas, C.P.A., P.A.**

Certified Public Accountant

11440 N. Kendall Drive, Suite 205

Miami, Florida 33176

Tel: (305) 273-7770

Fax: (305) 595-4364

*Attachment* P99 00 000 7439  
AA073362

August 11, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302 1500

Re: Med-Concepts, Inc.  
14311 SW 36 Street  
Miami, Florida 33175  
#65 0895915

2000 Uniform Business Report

To Whom It May Concern:

Enclosed please find the current Uniform Business Report with a check in the amount of \$150.00.

Med-Concepts, Inc. was set up in 1999 and files all returns and makes all tax payments on a timely basis.

According to the owner of the company the initial 2000 Uniform Business Report was never received. Otherwise it would have been paid on time.

We would appreciate it if the enclosed would be accepted for 2000 as there was no intent to file late. Future returns will be paid on time.

Thank you for your consideration in this matter.

Very truly yours,

  
David C. Boas, C.P.A.

Enclosures

cc: Med-Concepts, Inc.