

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034739

1. Entity Name

MEDEZ & HALL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 029 ***150.00

Principal Place of Business

3375 W. HILLSBORO BL
DEERFIELD BEACH FL 33442

Mailing Address

3375 W. HILLSBORO BL
DEERFIELD BEACH FL 33442-9424

2. Principal Place of Business

5425 NW 24TH ST

Suite, Apt. #, etc.

#211

City & State

Margate FL

Zip

33063

Country

USA

3. Mailing Address

5425 NW 24TH ST

Suite, Apt. #, etc.

#211

City & State

Margate FL

Zip

33063

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, PENNY
11953 SANDLEFOOT BLVD.
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Hall, Penny

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

5425 NW 24TH ST #211

City

Margate

FL

Zip Code

33063

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

4-26-2000

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | HALL, PENNY | |
| STREET ADDRESS | 11953 SANDLEFOOT BLVD | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hall Penny | |
| STREET ADDRESS | 5425 NW 24TH ST #211 | |
| CITY-ST-ZIP | Margate FL 33063 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-26-2000

CR2E034 (9/99)