

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062253**

1. Entity Name

MEDICINE MAN CENTER, INC.**FILED**
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90057 035 ***150.00

Principal Place of Business

Mailing Address

14225 SW 103 AVE.
MIAMI FL 3317614225 SW 103 AVE.
MIAMI FL 33176-7066**948222**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Medicine Man Center, Inc.
Suite, Apt. #, etc.**8855 SW 131 ST**
Suite, Apt. #, etc.

City & State

City & State

Miami FLA**Miami FLA**

4. FEI Number

Applied For

650936067

Not Applicable

Zip

Country

33176**FLA**

Zip

Country

33176**FLA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LAW OFFICES OF CRAIG M. DORNE, P.A.
3050 BISCAYNE BLVD. STE. 502
MIAMI FL 33137

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **BEGLEY, KAREN S**
CITY-ST-ZIP **14225 SW 103 AVE.**
MIAMI FL 33176TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CALERO, HUMBERTO**
CITY-ST-ZIP **2111 SW 16 STREET**
MIAMI FL 33145TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 Required President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate
4-20-00Daytime Phone #
(786) 242-7071