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

DOCUMENT # P99000095558

1. Entity Name

Me da Vida Medical Center Corp. 02 JUL 16 PM 1:31

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500006627545--9
-07/24/02--01054--009
****450.00 ****450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 Fountainebleau Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2K6

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

4. FEI Number

04-3700172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maritza Escobar

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

175 Fountainebleau Blvd Ste 2K6

City

Miami

FL

Zip Code
33172

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

Maritza Escobar

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) ☐

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
President
Maritza Escobar
175 Fountainebleau Blvd Ste 2K6
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
LAYMET ALBELO
175 Fountainebleau Blvd Ste 2K6
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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:

Maritza Escobar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ME DA VIDA MEDICAL CENTER CORP.**

Thank you for your courtesy in this matter.

Maritza Escobar

MARITZA ESCOBAR
PRESIDENT