

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90180 041 ***150.00

DOCUMENT # P99000095558

1. Entity Name
MEDA VIDA MEDICAL SERV. CORP.



Principal Place of Business
**175 FOUNTAINEBLEAU BLVD., STE. 1 R 1
MIAMI FL 33172**

Mailing Address
**175 FOUNTAINEBLEAU BLVD., STE. 1 R 1
MIAMI FL 33172**



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

04-3700172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ESCOBAR, MARITZA
175 FOUNTAINEBLEAU BLVD, STE. 2K6
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **ESCOBAR, MARITZA**
STREET ADDRESS **8556 S.W. 8 ST.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD** ☒ Delete
NAME **D'VALDIVIA, GLADYS E**
STREET ADDRESS **8556 S.W. 8 ST.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MARITZA ESCOBAR.**
STREET ADDRESS **8556 SW 8 ST**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **VD** ☒ Change ☒ Addition
NAME **Laynet Albelo**
STREET ADDRESS **8556 SW 8 ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☒ Change ☐ Addition
NAME **Treasure**
STREET ADDRESS **D'VALDIVIA, Gladys Fdez**
CITY-ST-ZIP **8556 SW 8 ST**
MIAMI, FL 33144

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

(305) 559-2253

Date

Daytime Phone #

CR2E034 (10/02)