## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🗈

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # **P99000103004** May 17, 2000 8:00 am Secretary of State MEDICAL BENEFITS CONSORTIUM, INC. 05-17-2000 90988 031 \*\*\*158.75 Mailing Address Principal Place of Business 7300 SW 131 STREET 7300 SW 131 STREET PINECREST FL 33156 PINECREST FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUGUERA, AGUSTIN F Street Address (P.O. Box Number is Not Acceptable) 7300 SW 131 STREET PINECREST FL 33156 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE PRESIDENT, JECRETARY NAME BRUGUERA, AGUSTIN F NAME STREET ADDRESS STREET ADDRESS 7300 SW 131 STREET CITY-ST-ZIP CITY-ST-ZIP PINECREST FL 33156 Addition ☐ Change VICE PRESIDENT ☐ Delete TITLE TITLE BLANCA R. BRUGUERA NAMÉ NAME 7300 SW 131 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tractice 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 (CUSTON F. BRUGUER)