2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90070 010 ***150.00

0150013

DOCUMENT # S32873

1. Entity Name
MEDERI OF COLLIER COUNTY, INC.

Principal Place of Business
2401 DOUGLAS ROAD
MIAMI FL 33145

Mailing Address
100 SE 2ND ST.
28 FLOOR
MIAMI FL 33131

D0027792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 144536
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State: Coral Gables, FL
Zip: 33114-4536 Country: USA

City & State
Zip Country

4. FEI Number 65-0260917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST.
28 FLOOR
MIAMI FL 33131

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.

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, SANDRA 2401 DOUGLAS RD MIAMI, FL S ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra E. DuFay ~~2300~~ S. P.O. Box 144536 Coral Gables, FL 33114-4536 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NESSLEIN, DAVID 2401 DOUGLAS RD MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nesslein, David P.O. Box 144536 Coral Gables, FL 33114-4536 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/12/2001 (305) 447-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)