

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38747

1. Entity Name

MEDCO FINANCIAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 005 ***150.00

Principal Place of Business

Mailing Address

445 E. 25 STREET
 B
 HIALEAH FL 33013

~~445 E. 25 STREET~~
~~B~~
~~HIALEAH FL 33013~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami, FL

Zip

Country

Zip
 33318

Country

USA

4. FEI Number

65-0302518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BRYAN W JR
 445 E. 25 STREET
 HIALEAH FL 33013

8991 NW 188 ST.
 Miami, FL 33318

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/00

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 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 SV ☐ Delete
 NAME WISE, FRANK
 STREET ADDRESS 445 E. 25 STREET
 CITY-ST-ZIP HIALEAH FL 33013

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

TITLE PDT ☐ Delete
 NAME MILLERS, BRYAN W
 STREET ADDRESS 445 E. 25 STREET
 CITY-ST-ZIP HIALEAH FL 33013

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan W Miller

Date

Daytime Phone #

04/24/00

954-735-8588

CR2E034 (9/99)