

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90089 042 ***150.00

DOCUMENT # S83414

1. Entity Name
M.D. DATRAN MANAGEMENT, INC.

| | |
|---|--|
| Principal Place of Business 9130 S. DADELAND BLVD. SUITE 100 MIAMI FL 33156 US | Mailing Address 9130 S. DADELAND BLVD. SUITE 100 MIAMI FL 33156-7820 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 9090 S. DADELAND BLVD. | 3. Mailing Address 9090 S. DADELAND BLVD. |
|---|---|

| | |
|---|---|
| Suite, Apt. #, etc. SUITE 204 | Suite, Apt. #, etc. SUITE 204 |
|---|---|

| | |
|----------------------------------|----------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
|----------------------------------|----------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0286953 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|---------------------|----------------------|--------------------------|----------------------|
| Zip 33156 | Country US | Zip 33156-7820 | Country US |
|---------------------|----------------------|--------------------------|----------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BLVD.
 1600 MIAMI CENTER
 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PULENTA, LUIS A. 9130 S. DADELAND BLVD. MIAMI FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS GLAS, RICARDO 9130 S. DADELAND BLVD. MIAMI FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GONZALEZ, JOSE 9130 S. DADELAND BLVD. MIAMI FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PULENTA, LUIS A. 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS GLAS, RICARDO 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GONZALEZ, JOSE 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.

SIGNATURE: José Gutierrez 1/07/00 (305)670-1035 x7257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #