

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90304 029 \*\*\*158.75

DOCUMENT # S84214

1. Entity Name

Electronic Filing & More, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

1501 N. E. 103 St.

Suite, Apt. #, etc.

51-719

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI shores - FL

4. FEI Number

65-0293579

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33138

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LUCIA Medina

Street Address (P.O. Box Number is Not Acceptable)

444 Brickell Avenue Suite 51

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.I.T.T.S  
ROXANA Medina  
1501 N. E. 103 St  
MIAMI shores - FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305)759-2803

Date

Daytime Phone #

CR2E034B (12/02)