

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90152 024 \*\*\*158.75

**DOCUMENT # V36721**

1. Entity Name

**MEDLEY BLOCK INDUSTRIES CORP.**

Principal Place of Business

Mailing Address

**9455 N.W. 109 ST.  
MEDLEY FL 33178****9455 N.W. 109 ST.  
MEDLEY FL 33178-1227**

2. Principal Place of Business

**10505 W. OKEECHOBEE RD.**

3. Mailing Address

**10505 W. OKEECHOBEE RD.**

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

**201**

City &amp; State

**HIALEAH GARDENS, FL**

City &amp; State

**HIALEAH GARDENS, FL**

4. FEI Number

**65-0333118**

Applied For

Not Applicable

Zip

**33018**

Country

**MIAMI-DADE**

Zip

**33018**

Country

**MIAMI-DADE**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****ALVAREZ, JUAN C.  
9455 N.W. 109 ST.  
MEDLEY FL 33178****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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN C.	
STREET ADDRESS	10210 N.W. 130 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN	
STREET ADDRESS	10440 N.W. 132 ST.	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/00

305-889-2100

CR2E034 (9/99)