FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P95000021149 1. Entity Name MDA STUDIOS, INC. 04-10-2001 90130 022 \*\*\*150.00 Mailing Address Principal Place of Business 1721 NW 79 AVENUE 13000 SW 106 ST MIAMI FL 33186 MIAMI FL 33126 **60044329** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0577303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RENDIC, JORGE P Street Address (P.O. Box Number is Not Acceptable) 13000 SW 106 ST. **MIAMI FL 33186** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **VPT** ☐ Delete TITLE TITLE VASQUEZ, MARIA T NAME NAME STREET ADDRESS STREET ADDRESS 13000 S.W. 106TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change Addition ☐ Delete TITLE TITLE NAME NAME RENDIC, JORGE STREET ADDRESS STREET ADDRESS 13000 SW 106TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 hame appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.