

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 013 ***550.00

DOCUMENT # P98000107629

1. Entity Name

M P D B, CHARTERED ✓

Principal Place of Business

707 SE THIRD AVENUE
 SUITE 400
 FT LAUDERDALE FL 33316

Mailing Address

707 SE THIRD AVENUE
 SUITE 400
 FT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0988615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISQUE, PHILIP A
 707 SE THIRD AVENUE
 SUITE 400
 FT LAUDERDALE FL 33316

Name
DISQUE, PHILIP A.

Street Address (P.O. Box Number is Not Acceptable)
 707 S.E. THIRD AVENUE

SUITE 400

City
FORT LAUDERDALE,

FL Zip Code
 33316-1155

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **D MACHEN, JAMES D**
 STREET ADDRESS **301 W CAMINO GARDENS DR SUITE 101**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
 NAME **D MACHEN, JIM D.**
 STREET ADDRESS **301 W. CAMINO GARDENS BLVD., SUITE 101**
 CITY-ST-ZIP **BOCA RATON, FLORIDA 33432**

TITLE Delete
 NAME **D POWERS, RAYMOND J**
 STREET ADDRESS **707 SE THIRD AVE SUITE 400**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DISQUE, PHILIP A**
 STREET ADDRESS **707 SE THIRD AVE SUITE 400**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 files empowered.

SIGNATURE: _____

RAYMOND J. POWERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND J. POWERS

Date

8-25-00

(954) 764-4500
 Daytime Phone #

CR2E034 (5/00)