

2000 UNIFORM BUSINESS REPORT (UBR)

5/16/

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-16-2000 90048 022 ***150.00

DOCUMENT # P99000041600

1. Entity Name
MD PARTNERS CORPORATION

(Handwritten Signature)

Principal Place of Business
**11230 SOUTHWEST 25TH TERRACE
 MIAMI FL 33165**

Mailing Address
**11230 SOUTHWEST 25TH TERRACE
 MIAMI FL 33165-2357**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARTIN A	
STREET ADDRESS	11230 SOUTHWEST 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERICKSON, DAVID G	
STREET ADDRESS	11230 SOUTHWEST 25TH TERRACE -	
CITY-ST-ZIP	MIAMI FL 33165	
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		

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		
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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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

#P99000041600
104204

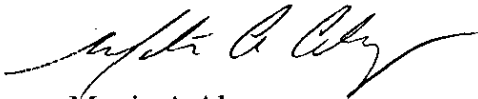
Friday, June 09, 2000

Subject: MD Partners Corporation

To who it may concern,

After speaking with several of the IRS help desk agents, I was instructed to return this form to Divisions of Corporations. They believe it was sent to me in error. I have applied for the FEI, but have not received it as of this date. Please let me know if I can be of further assistance. I can be contacted via e-mail at malvarez@stratasys.net or via phone at 305-273-0906 X-1060.

Sincerely,



Martin A Alvarez
President

10/10/00
10/10/00