

2001 UNIFORM BUSINESS REPORT (UBR)

4/26/01

FILED
May 24, 2001 8:00 am
Secretary of State

04-26-2001 90296 046 ***150.00

DOCUMENT # P00000037245

1. Entity Name

MDM PARKING SERVICES, INC.

Principal Place of Business

**1000 BRICKELL AVE., STE. 480
 MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVE., STE. 480
 MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

9090 S. DADELAND BLVD.

SUITE 210

City & State

Zip

Country

City & State

MIAMI, FL

Zip

33156

Country

US

4. FEI Number

65-1000400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENA, CELESTINO ESQ.
 1000 BRICKELL AVE., STE. 480
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	P	☐ Delete
NAME	PULENTA, LUIS A	
STREET ADDRESS	1000 BRICKELL AVE., STE. 480	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	V	☐ Delete
NAME	GLAS, RICARDO	
STREET ADDRESS	1000 BRICKELL AVE., STE. 480	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	S	☐ Delete
NAME	JEREZ, ALEJANDRO	
STREET ADDRESS	1000 BRICKELL AVE., STE. 480	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	T	☐ Delete
NAME	GONZALEZ, JOSE	
STREET ADDRESS	1000 BRICKELL AVE., STE. 480	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2001 305 670 1035

Date

Daytime Phone #

CR2E034 (10/00)