

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31523**

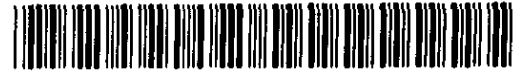
1. Entity Name

MJD INTERNATIONAL LIMITED

FILED

00 MAY 16 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**444 CHESTERFIELD CENTER, SUITE 220
CHESTERFIELD MO 63017**

Mailing Address
**444 CHESTERFIELD CENTER, SUITE 220
CHESTERFIELD MO 63017-4822**

2. Principal Place of Business
9245 S.W. 157th Street

3. Mailing Address
9245 S.W. 157th Street

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33157

Country
Miami-Dade

Zip
33157

Country
Miami-Dade

4. FEI Number
65-0261248

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMONTE, NEIMAN & FEUERMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO S. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Lamont & Neiman, P.A.

Street Address (P.O. Box Number is Not Acceptable)
**One Biscayne Tower, Suite 3550
Two South Biscayne Boulevard**

City
Miami,

FL Zip Code
33131

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 *Robert S. Lamont*
Robert S. Lamont, President

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/2000**

9. Capital Contributions as Shown on record. **25,000**

10. Amount of Capital Contributions in FLORIDA to date. **516,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L50503	STREET ADDRESS	9245 S.W. 157th Street, Suite 208
NAME	MJD INTERNATIONAL, INC.	CITY - ST - ZIP	Miami, Florida 33157
STREET ADDRESS	444 CHESTERFIELD CENTER, #220		
CITY - ST - ZIP	CHESTERFIELD MO 63017		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Rafael A. Hernandez*
Rafael A. Hernandez

DATE **4/26/00**

Daytime Phone # **786-242-2212**

CR2E003 (9/99)