

2001 UNIFORM BUSINESS REPORT (UBR)

0006380 AF

DOCUMENT # **A31523**

1. Entity Name

MJD INTERNATIONAL LIMITED

Principal Place of Business

**9245 S.W. 157TH STREET, SUITE 208
MIAMI FL 33157**

Mailing Address

**9245 S.W. 157TH STREET, SUITE 208
MIAMI FL 33157**

FILED

01 MAY -2 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$25,000.00

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

DOCUMENT # **L50503**
NAME **MJD INTERNATIONAL, INC.**
STREET ADDRESS **9245 S.W. 157TH STREET, SUITE 208**
CITY-ST-ZIP **MIAMI FL 33157**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

4794 SW 72nd Ave

CITY-ST-ZIP

Miami FL 33155

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01 305-663-1514

Date

Daytime Phone #

CR2E003 (11/00)