

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -3 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31523

1. Entity Name

MJD INTERNATIONAL LIMITED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4794 S.W. 72nd Avenue

3. Mailing Address
4794 S.W. 72nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Miami, Florida 33155

City & State
Miami, Florida 33155

4. FEI Number
65-0261248

Applied For

Not Applicable

Zip
33155

Country
Miami-Dade

Zip
33155

Country
Miami-Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

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 4794 S.W. 72nd Avenue
CITY-ST-ZIP Miami, FL 33155

STREET ADDRESS

CITY-ST-ZIP

200005576482--1
-05/21/02--01032--007
****263.75 ****263.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

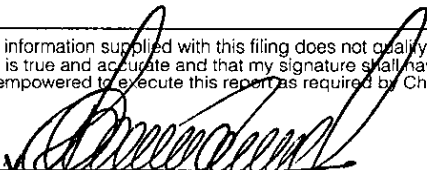
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:



✓ 4/23/02

305-663-5545

CR2E003B (12/01)