

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33391**

1. Entity Name

**M & D HOLLYWOOD ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 11 PM 3:50

Principal Place of Business

C/O MICHAEL FEINBERG  
4100 NORTH HILLS DRIVE  
HOLLYWOOD FL 33021

Mailing Address

C/O MICHAEL FEINBERG  
4100 NORTH HILLS DRIVE  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0356584**

Applied For

Not Applicable

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

SCHIFFMAN, ADAM R.  
C/O KLITZNER & SCHIFFMAN, P.A.  
2999 NE 191 ST, #905  
NORTH MIAMI BEACH FL 33180

Name

**MICHAEL FEINBERG**

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

**4100 N HILLS DR**

City

**HOLLYWOOD**

**FL**

Zip Code  
**33021**

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

**MICHAEL FEINBERG**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$2,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **V61990**  
NAME **M & D UNIVERSITY ASSOCIATES, INC.**  
STREET ADDRESS **%4100 NORTH HILLS DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL**

STREET ADDRESS

CITY-ST-ZIP

**400003575604--4**

**-01/26/01--01009--017**

**\*\*\*\*141.25 \*\*\*\*141.25**

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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:

**SIGNATURE MICHAEL FEINBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**1/9/01**

Daytime Phone #

CR2E003 (11/00)