

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007850 AF

DOCUMENT # **A96000001468**

1. Entity Name

**MDN WHARFSIDE, LTD.**

**FILED**

01 JAN 16 PM 11:24

Principal Place of Business

**C/O THERREL BAISDEN & MEYER WEISS  
1111 LINCOLN ROAD MALL, SUITE 500  
MIAMI BEACH FL 33139**

Mailing Address

**6865 S.W. 18TH STREET, #10  
BOCA RATON FL 33433  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0694984**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DANIELS, NICHOLAS M ESQ.  
C/O THERREL BAISDEN & MEYER WEISS  
1111 LINCOLN ROAD MALL, SUITE 500  
MIAMI BEACH FL 33139**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$3,375,900.00**

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 # **P96000065415**  
NAME **FRANDA PROPERTIES, INC.**  
STREET ADDRESS **1111 LINCOLN ROAD MALL, SUITE 500**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS  
CITY-ST-ZIP  
**000003582350--9**  
**01/26/01 01140-001**  
**\*\*\*\$35.00 \*\*\*\$35.00**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FRANK NAVILIO, GP 1/9/01 561-347-6460**  
Date Daytime Phone #

CR2E003 (11/00)