

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001468**

1. Entity Name

**MDN WHARFSIDE, LTD.**

Principal Place of Business

**G/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**

FILED

2002 MAR -4 PM 3:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**6865 S.W. 18 St  
#10**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

**65-0694984**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Dan Navilio**

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

**6865 SW 18 St**

City

**Boca Raton**

FL

Zip Code

**33433**

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.

**\$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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800005097178--9**

**-03/12/02--01057--004**

**\*\*\*\*526.25 \*\*\*\*526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0012001  
AT

CR2E003 (9/01)

STAPLE CHECK HERE