

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012001 AT

**DOCUMENT # A96000001468**

1. Entity Name  
**MDN WHARFSIDE, LTD.**

**FILED**  
2002 MAR -4 PM 3: 24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**



2. Principal Place of Business  
**6865 S.W. 18 St**

3. Mailing Address  
**#10**

Suite, Apt. #, etc.  
**#10**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

**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**

State  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	<b>P96000065415</b>
NAME	<b>FRANDA PROPERTIES, INC.</b>
STREET ADDRESS	<b>1111 LINCOLN ROAD MALL, SUITE 500</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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:** \_\_\_\_\_ **3/28/2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)