

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 PM 5:08

DOCUMENT # G09246
1. Entity Name
M.D.R. INTERNATIONAL INC

Principal Place of Business 14861 NE 20 AVE
NORTH MIAMI FLORIDA 33181

2. Principal Place of Business SAME
3. Mailing Address SAME
Suite, Apt. #, etc. _____

City & State N. MIAMI FLORIDA
33181 **Country** US

4. FEI Number 59-2303712
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERNARD GHELBENDORF
14861 NE 20 AVE N. MIAMI
FL 33181

7. Name and Address of New Registered Agent
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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>BERNARD GHELBENDORF</u>	
STREET ADDRESS <u>19600 NE 19 AVE N. MIAMI BEACH</u>	
CITY-ST-ZIP <u>FL 33179</u>	
TITLE <u>V. PRES.</u>	<input type="checkbox"/> Delete
NAME <u>JEANA GHELBENDORF</u>	
STREET ADDRESS <u>19600 NE 19 AVE N. MIAMI BEACH</u>	
CITY-ST-ZIP <u>FL 33179</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <u>300003514703</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>-12/27/00-01071-026</u>	
STREET ADDRESS <u>*****158.75</u>	
CITY-ST-ZIP <u>*****158.75</u>	
TITLE <u>300003514703</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>-12/27/00-01071-027</u>	
STREET ADDRESS <u>*****8.75</u>	
CITY-ST-ZIP <u>*****8.75</u>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **Date** 11/15/00 **Daytime Phone #** 305 9445335

CR2E034 (5/00)