

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16705

1. Entity Name

MJD PROPERTIES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90056 048 ***150.00

Principal Place of Business

Mailing Address

11 GARDEN ST
APT 107
TEQUESTA FL 33469
US

11 GARDEN ST
APT 107
TEQUESTA FL 33469-2528
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11 GARDEN ST APT 107T

11 GARDEN ST APT 107T

City & State

City & State

4. FEI Number

59-2692895

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

DSCHIDA, MICHAEL J.
1501-15 COURT
PALM BEACH GARDENS FL 33410

Name

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

11 GARDEN ST APT 107T

City TEQUESTA

FL

Zip Code 33469

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
KELLA, JOYCE
11 GARDEN ST APT 107
TEQUESTA FL 33469

☐ Delete

TITLE
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11 GARDEN ST APT 107 T

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 561-743-1654

CR2E034 (9/99)