

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-25-2000 90102 016 ***558.75

DOCUMENT # K00780

1. Entity Name
M.D. INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 % JAMES A. MERRITT % JAMES A. MERRITT
~~7324 SW 48TH ST~~ ~~7324 SW 48TH ST~~
 MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address
11300 N.W. 41 STREET **11300 N.W. 41 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33178 **USA** **33178** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0012930 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
MERRITT, JAMES A
~~7324 SW 48TH ST~~
MIAMI FL 33155

7. Name and Address of New Registered Agent
 Name: **MERRITT, JAMES A.**
 Street Address (P.O. Box Number is Not Acceptable):
11300 NW 41 STREET
 City: **MIAMI** **FL** Zip Code: **33178**

9. 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: *James A. Merritt* *James A. Merritt CEO* 7/14/00
(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.
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	MERRITT, JAMES A	7324 SW 48TH ST 11300 NW 41 ST	MIAMI FL Miami, FL 33178	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Pedro Infante	11300 NW 41 ST	Miami FL 33178	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *James A. Merritt* *James A. Merritt* 7/14/00 **305-669-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (1/00)