

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 037 ****55.00

DOCUMENT # L00000005901

1. Entity Name

MDT SOUTHEAST LLC

Principal Place of Business

**2875 N.E. 191 STREET, PENTHOUSE 1
 AVENTURA FL 33180**

Mailing Address

**2875 N.E. 191 STREET, PENTHOUSE 1
 AVENTURA FL 33180**

2. Principal Place of Business

2875 NE 191 Street

Suite, Apt. #, etc.

604

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

2875 NE 191 Street

Suite, Apt. #, etc.

604

City & State

Aventura, FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

65-1129297

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ.

88 N.E. 168 STREET

NORTH MIAMI BEACH FL 33162

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AZOUT, JACK	
STREET ADDRESS	2875 N.E. 191 STREET, PENTHOUSE 1	
CITY-ST-ZIP	AVENTURA FL 33180	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natan Opalin	
STREET ADDRESS	2875 NE 191 St #604	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Jamri	
STREET ADDRESS	2875 NE 191 St. #604	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georges Gausseran	
STREET ADDRESS	2875 NE 191 St. #604	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claude Bismuth	
STREET ADDRESS	2875 NE 191 St. #604	
CITY-ST-ZIP	Aventura	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(305) 935-5175

CR2E083 (9/01)