

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 021 ****50.00

DOCUMENT # L00000008045

1. Entity Name

MDN HOLDINGS, LLC

Principal Place of Business

**8347 NW 54TH STREET
 MIAMI FL 33166**

Mailing Address

**8347 NW 54TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

1740 W 25 st

3. Mailing Address

1740 W 25 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

Zip

33140

Country

6. Name and Address of Current Registered Agent

**HINCAPIE, MARIA E
 8347 NW 54 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

1740 W 25 Street

City

Miami Beach

FL

Zip Code

33140

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 **M** ☐ Delete
 NAME **HINCAPIE, MARIA E**
 STREET ADDRESS **1740 W 25 STREET**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **M** ☐ Delete
 NAME **TORO Q, DARIO**
 STREET ADDRESS **1740 W 25 STREET**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **M** ☐ Delete
 NAME **RODRIGUEZ, NESTOR**
 STREET ADDRESS **8347 NW 54 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Maria E. Hincapie*

SIGNATURE REQUIRED

Maria E. Hincapie, M 04/19/02 (305) 463-9444

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

Date

Daytime Phone #

CR2E083 (9/01)