2001 UNIFORM BUSINESS REPORT (UBR)

DO011	AFFE			~~			_									1
DOCUN 1. Entity Name		#	L0000	ÒΩ.	145/1									ç		
MD HOLDINGS, LLC							, ^	;	,			FIL	ED			:
Principal Place	of Rusines	•		Mail	ing Address	,					00	FEB - I	PM 8	12		
Principal Place of Business 7428 SW 48TH ST					Mailing Address 7428 SW 48TH ST					CECOST FRY OF STATE						
MIAM! FL 33155				MIAMI FL 33155						SECRETARY OF STATE TALLAHASSEE, FLORIDA						
											₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Principal Place of Business 3. Mailing Address																
Z. Fillicipal Flace of business				or maning reactions					1							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							D	O NOT WF	RITE IN THIS	SPACE		
City & State				City & State						4. FEI Number Applied For Not Applied For					·]
Zip Country			Zip			Country			5. Certificate of Status Desired See Required							
	6. Name	and Addre	ess of Current F	Realste	red Agent					7. Name	e and Addre	ss of New	Registered		<u></u>	-
*								Name]
ANGELL CORPORATE SERVICES INC								Street Ad	dress (P.	O. Box N	lumber is No	Acceptab	ole)			ĺ
250 ROYAL PALM WAY												<u> </u>				1
SUITE 300 PALM BEACH FL 33480							,	City						Zip Code	<u> </u>	
				-					F	<u> </u>		_				
8. The above n	named entit	y submits th	nis statement for	the pur	pose of changi	ng its regi	stere	d office or	registere	d agent, d	or both, in the	State of F	florida.			
SIGNATURE _																
S	Signature, typed	or printed name	of registered agent a	nd title if a	oplicable.	(NOTE: Reg	istered	Agent signatu	re required w	hen reinstati	T		DATE			
FILE NOW										.	l sn	-02/	3575T-	3018 -01023-	1——6 -006	1
	•	i .		. ,	Make Chec	k Payab	le to	Departi	nent of	State			**50.0		×50.00	
9.	** * *	MAN	AGING MEMBE	RS/ME	MBERS		10.					ADDITIONS	S/CHANGE			ء 🗕
TITLE NAME					Delete		TITLE NAME	MGR	へ Kzw	,	JREVE	۷		☐ Change	Addition	11/0
STREET ADDRESS								T ADDRESS	742	8 54	: 48 د	ST_				F083 (
CITY-ST-ZIP					·			ST-ZIP	MIA	<u>m1,</u>	FL 3	3155				⊣ ন
TITLE NAME					☐ Delete	i	TITLE	Meil	BEN	G	USTMAN	J		☐ Change	Addition	5
STREET ADDRESS								T ADDRESS		س <i>ی</i> 8	485	-				
CITY-ST-ZIP					<u>.</u>			ST-ZIP	MIA	ч,,		155			Addition	\dashv
TITLE NAME					☐ Delete		TITLE	MGOY	ERI	_	BUTER	-		☐ Change	Addition	
STREET ADDRESS			<i>(*</i>			-	-	T ADDRESS	742	8 Em	-			٠, سيد	many man a	1
CITY-ST-ZIP								ST-ZIP MGRM	MIA		FL 33			☐ Change	Addition	+
TITLE NAME					☐ Delete		NAME		'ERIC		4VARRC			vialiyo	radiion	
STREET ADDRESS								T ADDRESS	742	8 Su	ر 48 د س	_	_			
CITY-ST-ZIP .	· · · · · · · · · · · · · · · · · · ·				☐ Defete			M GAM		AMI	1-L	<u>25155</u> 351000	<u> </u>	☐ Change	Addition	\forall
NAME				x	□ Detere		NAME		743	18 ?' INN12			5 E			1
STREET ADDRESS				•				T ADDRESS ST-ZIP	MIA	_		3155	-			
TITLE	<u> </u>	····, .			☐ Delete			MGOY			_			Change	Addition	1
NAME 1	ī						NAME		ENK	(10) E				-		
STREET ADDRESS CITY-ST-ZIP								T ADDRESS ST-ZIP	147 M1	18 SC		st 33155	_			
11. I herehy ce	ertify that the	informatio	n supp jied with	this filin	g does not qua	lify for the	exer	notion state	ed in Sec	tion 119.0	07(3)(i), Florid	da Statutes	s. I further ce	ertify that the ir	formation	1
indicated o	on this repor	t is true and	d accurate and to eiver or trustee	hat my	signature shall	have the s	same	legal effec	at as if ma	ide under	roath; that I	am a mana	aging memb	per or manage	r or the	
		Q_{-}			S)	s m . m ስታ.#**	O tr	*		\wedge			it. L	786-		
SIGNATU	URE: _	AND TYPED OF	PRINTED NAME OF	SIGNING	MANAGING MEMBI	ER, MANAGE	P, OR	WZ _A A AUTHORIZED	NN REPRESEN			<u>)</u>	1116/00	Daytime Phone #	<u>-1161</u>	