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FILED
Sep 25, 2002 8:00 am
Secretary of State
06-25-2002 90444 001 ***825.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020771

1. Entity Name

MDF SYSTEMS LC

42975

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1897 P.B. LAKES BLVD.		1897 P.B. LAKES BLVD.	
Suite, Apt. #, etc. 226		Suite, Apt. #, etc. 226	
City & State WEST P.B FL		City & State WEST P.B, FL	
Zip 33409	Country USA	Zip 33409	Country USA

4. FEI Number: 65-1156356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name WARNER & ASSOCIATES, CPA, PA
Street Address (P.O. Box Number is Not Acceptable) 1897 PALM BEACH LAKES BLVD. # 226
City WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

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] CPA Warner + Assoc. PA 9/17/02
Signature, typed or printed name of registered agent and title if applicable. Date

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MDF SYSTEMS HOLDING LTD.
STREET ADDRESS	1897 P.B. LAKES BLVD., 226
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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: ADMINISTRATOR - TOM LOGAR 04.30.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

42975

#L0100020771

GLOBALNET MANAGEMENT L.C.
80 CELESTIAL WAY, #110
JUNO BEACH, FL 33408
561-630-5061

63-1444-670 [redacted]0

05,01,02
date

Pay to the order of DEP. of REVENUE $ 825,00

eight hundred twenty five 00/100 dollars

INDEPENDENT COMMUNITY BANK
TEQUESTA, FLORIDA 33469

for 16 x LC

VOID

Copy

⑈067014440⑈ 0003244⑈ 1040

The Original Check