

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L43508**

1. Entity Name

JONDIN, INC.**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90021 042 ***150.00

Principal Place of Business

Mailing Address

**S DADELAND BLVD
DATRON CTR. PHI
FL 33156****DBRN HOLDINGS. LTD - JONDIN, INC.
4150 ST. CATHERINE STREET W. #400
WESTMOUNT. QUEB CANA H3Z2Y5****628359**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite change only: #300

City & State

City & State

4. FEI Number

98-0107669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M & W AGENTS, INC
9100 S DADELAND BLVD
ONE DATRAN CENTER, PHI
MIAMI FL 33156**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	DOBRIN, MELVYN, A	NAME	
STREET ADDRESS	4150 ST CATHERINE #400	STREET ADDRESS	Suite change only: #300
CITY-ST-ZIP	MONTREAL, QUEBEC, CANAD	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	DOBRIN, MITZI	NAME	
STREET ADDRESS	4150 ST CATHERINE #400	STREET ADDRESS	Suite change only: #300
CITY-ST-ZIP	MONTREAL, QUE, CANADA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Matzi Dobrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2000 (514) 935-9508

Date

Daytime Phone #