

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50503

1. Entity Name

MJD INTERNATIONAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90025 045 ***150.00

Principal Place of Business Mailing Address
 LAMONT, NEIMAN & FEUERMAN, PA LAMONT, NEIMAN & FEUERMAN, PA
 1 BISCAYNE TOWER 2 S BISCAYNE BVD STE 3350 1 BISCAYNE TOWER 2 S BISCAYNE BVD STE 3350
 MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0187105

Applied For

Not Applicable

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

LAMONT & NEIMAN, PA
 ONE BISCAYNE TOWER SUITE 3550
 TWO SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131

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 State

10. 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

TITLE PSTD
 NAME HERNANDEZ, RAFAEL A
 STREET ADDRESS 2482 INDIAN TREE RUN
 CITY-ST-ZIP WILWOOD MO 63038 ☐ Delete

TITLE PSTD
 NAME HERNANDEZ, RAFAEL A. ☒ Change ☐ Addition
 STREET ADDRESS 9245 S.W. 157th Street - Suite 208
 CITY-ST-ZIP Miami, Florida 33157

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Rafael A. Hernandez, President

4/26/2000

786-242-2234

Date

Daytime Phone #

CR2E034 (9/99)