

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000002502**

1. Entity Name

MHD PROPERTY L.C.**FILED**
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90168 005 ****50.00

Principal Place of Business

**824-828 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

Mailing Address

**824-828 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

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 **22-3628489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BLOOM, JONATHAN
21845 POWERLINE ROAD, SUITE 207
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jonathan Bloom
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-26-02**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DENNIS, MICHAEL**
CITY-ST-ZIP **824-828 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DENNIS, HEATHER**
CITY-ST-ZIP **824-828 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

8-26-02 854-423-8435

CR2E083 (4/02)