

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90085 044 ***150.00

DOCUMENT # M54257

1. Entity Name

MSDJ, INC.

Principal Place of Business

**1060 N.E. 177TH TERRACE
 N. MIAMI BEACH FL 33162**

Mailing Address

**1060 N.E. 177TH TERRACE
 N. MIAMI BEACH FL 33162**

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 **59-2825611**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENSINGER, MIRIAM
 1060 NE 177TH TERRACE
 NORTH MIAMI BEACH FL 33162**

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 Delete
 NAME **DP BENSINGER, MIRIAM**
 STREET ADDRESS **1060 NE 177 TER**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS WEISS, SOLOMON**
 STREET ADDRESS **14 YOSEP ALBO**
 CITY-ST-ZIP **RAMOT IS-**

TITLE Change Addition
 NAME
 STREET ADDRESS **43 RECHOV LEVANA**
 CITY-ST-ZIP **MODIN, ISRAEL**

TITLE Delete
 NAME **D WEISS, DAVID**
 STREET ADDRESS **3400 SHERIDAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Miriam Bensing* **MIRIAM BENSINGER**

Date **1/5/01** Daytime Phone # **(305) 948-2939**

CR2E034 (10/00)