

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90299 032 \*\*\*\*70.00

**DOCUMENT # N97000002308**

1. Entity Name

**MBCDC/THE JEFFERSON, INC.**

Principal Place of Business

Mailing Address

**1205 DREXEL AVE.  
 MIAMI BEACH FL 33139**

**1205 DREXEL AVE.  
 MIAMI BEACH FL 33139**

U I U O I J

2. Principal Place of Business

**945 PENNSYLVANIA AVE**

3. Mailing Address

**945 PENNSYLVANIA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-0767473**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33139**

**33139**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAWICZ, JOHN  
 2200 MUSEUM TOWER  
 150 W. FLAGLER ST.  
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **DATORRE, ROBERTO**  
 Street Address (P.O. Box Number is Not Acceptable) **945 PENNSYLVANIA AVE**  
 City **MIAMI BEACH FL** Zip Code **33139**

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

**1/19/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	Delete <input checked="" type="checkbox"/>
NAME	<b>TOMLIN, DON</b>	
STREET ADDRESS	<b>1205 DREXEL AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	Delete <input type="checkbox"/>
NAME	<b>KENNEDY, KARL</b>	
STREET ADDRESS	<b>1205 DREXEL AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	Delete <input type="checkbox"/>
NAME	<b>DATORRE, ROBERTO</b>	
STREET ADDRESS	<b>1205 DREXEL AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>KENNEDY, KARL</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>ASSISTANT TREASURER</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>SANCEDO, JOSE</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>T</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>SIME, DAVID</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>D</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>LIOTTA, LISA</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>DATORRE, ROBERTO</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>TOMLIN, DON</b>	
STREET ADDRESS	<b>945 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE** **ROBERTO DATORRE** **1/19/01**

Date

Daytime Phone #

**305 5380020**

CR2E037 (10/00)