

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

04-16-2003 90166 031 ****70.00

DOCUMENT # N97000002308

1. Entity Name
MB CDC/THE JEFFERSON, INC.



Principal Place of Business
**945 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**

Mailing Address
**945 PENNSYLVANIA AVE.
MIAMI BEACH FL 33139**

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 **65-0767473** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DATORRE, ROBERTO
945 PENNSYLVANIA AVE.
MIAMI FL 33139

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D KENNEDY, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	945 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	D WOOD, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	945 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	T SINE, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	945 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	P DATORRE, ROBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	945 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	D TOMLIN, DON	<input type="checkbox"/> Delete
STREET ADDRESS	945 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T L POLANSKY, LINDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	945 PENNSYLVANIA AVE, M. B. FL	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED** *[Signature]* **2/25/03** **905-538-0090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)