2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000008198 M & D INTERNATIONAL GROUP, INC. 04-26-2001 90247 032 ***150.00 Principa: Place of Business Mailing Address 5803 AUTUMN RIDGE ROAD 5803 AUTUMN RIDGE ROAD LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address 1431 SW 12 ONC. #D MSD INTERNATIONAL GROUP INC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE POMPANO BERC 315W12 ave #D City & State City & State 4. FEI Number Applied For Pompano Beach 65-0976 357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3069 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKAUTSAN ANDREY MARKAUTSAN, ANDREY D Street Address (P.O. Box Number is Not Acceptable) 5803 AUTUMN RIDGE ROAD LAKE WORTH FL 33463 5803 AUTUMN RIDGE RO 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 NDREY MARKAUTSAN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MARKAUTSAN, ANDREY D NAME 5803 AUTUMN RIDGE ROAD STREET ADDRESS STREET ACCRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition DINOVISTOR, SEMEN MAME 7145 HIGH SIERRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 C(TY-ST-ZIP ☐ Delete Title ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL = ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CYTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.