FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90100 037 ***150.00

DOCUMENT # P00000073560

1. Entity Name

MDI INTERNATIONAL,INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9600 N.W 25 STREET	9600 N.W 25 STREET
Suite, Apt. #, etc.: SUITE # 3D	Suite, Apt. #, etc.: SUITE # 3D
City & State: MIAMI FL,	City & State: MIAMI FL,
Zip: 33172 Country: USA	Zip: 33172 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1032911 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARCOS MUNHOZ

Street Address (P.O. Box Number is Not Acceptable): 8140 N.W 74th AVE SUITE # 6

City: MEDLEY **FL** Zip Code: 33166

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	TINOCO ,FABIO R	NAME	
STREET ADDRESS	9600 N.W 25 STREET STE # 3 D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL,33172	CITY-ST-ZIP	
TITLE	VPSD	TITLE	
NAME	VAMONDES,ELBER M	NAME	
STREET ADDRESS	9600 N.W 25 STREET STE # 3 D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL,33172	CITY-ST-ZIP	
TITLE	VPTD	TITLE	
NAME	LEONARDELLI,LEONARDO B	NAME	
STREET ADDRESS	9600 N.W 25 STREET STE # 3 D	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	MIAMI FL,33172	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-02-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #