

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90325 004 ***150.00

DOCUMENT # P02000059025

1. Entity Name
MDC MANAGEMENT CORPORATION



Principal Place of Business
14221 S W 104TH AVENUE
MIAMI FL 33176

Mailing Address
14221 S W 104TH AVENUE
MIAMI FL 33176



2. Principal Place of Business
4051 Laguna St.

Suite, Apt. #, etc.
Coral Gables

City & State
Florida

Zip
33146

Country
USA

3. Mailing Address
4051 Laguna St.

Suite, Apt. #, etc.
Coral Gables

City & State
Florida

Zip
33146

Country
USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
02-0618824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRYN, USHER
2999 N E 191ST STREET, PH 6
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Clarín, Daniel
Street Address (P.O. Box Number is Not Acceptable)
4051 Laguna St.
City
Coral Gables **FL** **Zip Code**
33146

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ **Delete**
NAME
CLARIN, DANIEL B
STREET ADDRESS
14221 S W 104TH AVENUE
CITY-ST-ZIP
MIAMI FL 33176

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ **Change** ☐ **Addition**
NAME
Clarín, Daniel
STREET ADDRESS
4051 Laguna St.
CITY-ST-ZIP
Coral Gables, FL 33146

TITLE
D ☐ **Change** ☒ **Addition**
NAME
Clarín, Melissa
STREET ADDRESS
4051 Laguna St.
CITY-ST-ZIP
Coral Gables, FL 33146

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1-22-03 **DAYTIME PHONE #**
305-448-8544

CR2E034 (10/02)