2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-14-2003 90725 049 ***158.75

DOCUMENT # P02000093240

1. Entity Name
M & D ASSOCIATES, CORP.

Principal Place of Business	Mailing Address
1132 NE 17 TERRACE FORT LAUDEDALE FL 33304	1132 NE 17 TERRACE FORT LAUDEDALE FL 33304

2. Principal Place of Business	3. Mailing Address
1132 NE 17 Terrace Suite, Apt. #, etc.	monda@msn.com Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: FL
Zip: 33304 Country:	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 710902594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CADAGAN BUSINESS SOLUTIONS & ASSOCIATES 5440 N. STATE RD.7 SUITE # 221 FORT LAUDERDALE FL 33319	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 reinstating) DATE

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

$158.75 check #1069

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MINVIELLE, ROBERTO MR 1132 NE 17 TERRACE FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DURAN, MARIA G MS. 1132 NE 17 TERRACE FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED Robert Minvielle X 04/04/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #