

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90210 030 ***150.00

DOCUMENT # P02000114139

1. Entity Name
MDQ GROUP, INC.



Principal Place of Business
**C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD FL 33021**

Mailing Address
**C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD FL 33021**



2. Principal Place of Business
1858 Tucker Road
Suite, Apt. #, etc.

3. Mailing Address
1858 Tucker Road
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL
Zip
33406
Country
USA

City & State
West Palm Beach, FL
Zip
33406
Country
USA

4. FEI Number
46-0506043
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROTH, LEONARD A ESQ
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name
Fernando Osvaldo de Caso
Street Address (P.O. Box Number is Not Acceptable)
1858 Tucker Road
City
West Palm Beach FL Zip Code
33406

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

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSVALDO DE CASO, FERNANDO 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Osvaldo de Caso, Fernando <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1858 Tucker Road West Palm Beach, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)