2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # P94000045846

1. Entity Name

MDM OF AMERICA, INC.

FILED

01 OCT 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004657941--2
-10/29/01--01091--016
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
THE INTERNATIONAL BLDG. 2451 E. SUNRISE BLVD., STE 4 FT. LAUDERDALE, FL 33304	SAME AS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0507660 ☐ 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
THE PRENTICE-HALL CORP. SYSTEMS, INC. 2101 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301	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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER PASCAL SAVOY 1040 SEMINOLE DR., #656 FT. LAUDERDALE, FL 33304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONTROLLER VIOLET DAVIS 4955 SW 166 Ave MIRAMAR, FL 33027 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 attachment with an address, with all other like empowered.

SIGNATURE: PASCAL SAVOY, MANAGER 10/16/01 954-5689400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

MDM
GENEVE

October 16, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: MDM of America Inc. / Doc# P94000045846

Dear Customer Service:

We are in receipt of your reinstatement form received in our office October 15, 2001; this is the first time this year we are receiving any correspondence from the Division of Corporation. We did a complete investigation into this matter, reviewing our incoming mailing logs and our accounts payable records, and none of these areas show us receiving this document.

The system in our mailing room is highly controlled. The nature of our business and the expensive inventory that we carry, dictates that all incoming mail and packages are documented and signed for by an individual in each department who is then held responsible for that particular item or mail.

As your records will show, in previous years we paid our annual report in a timely fashion. We are kindly requesting that you grant us a waiver of the penalty fees associated with the form. Attached is our completed form along with a check in the amount of $150.00

Thank you for your kind consideration in this matter.

Very truly yours,
MDM of America, Inc.

Violet Davis
Controller

VD:jl