2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90131 043 ***150.00

DOCUMENT # P95000022043

1. Entity Name
MDM & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9950 S OCEAN DR 802 JENSEN BEACH FL 34957 US	9950 S OCEAN DR 802 JENSEN BEACH FL 34957 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2901 BOSTON STREET		2901 BOSTON STREET	
Suite, Apt. #, etc. APT # 317		Suite, Apt. #, etc. APT # 317	
City & State BALTIMORE, MD		City & State BALTIMORE, MD.	
Zip 21224	Country US	Zip 21224	Country US

4. FEI Number 65-0573820 ☐ 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
RIFKIN, AVRON C 2400 S. FEDERAL HWY SUITE 320 STUART FL 34994	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	P MAHR, MALCOLM 9950 S OCEAN DR APT 802 JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2901 BOSTON STREET, APT # 317 BALTIMORE, MD. 21224
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
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CR2E034 (10/00)

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: [signature] MALCOLM MAHR 410 675-9229

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