

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000039077

FILED
Feb 27, 2002 8:00 AM
Secretary of State

Entity Name: M.D. FINANCIAL & INSURANCE, INC.

Current Principal Place of Business:

19448 BOB O LINK DR
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

19448 BOB O LINK DR
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-0575411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATIENZO, PETER J.
19448 BOB-O- LINK DRIVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

MATIENZO, PETER J P
19448 BOB-O- LINK DRIVE
MIAMI, FL 33015 US

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: PETER J. MATIENZO

02/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATIENZO, PETER J.,
Address: 19448 BOB-O-LINK DRIVE
City-St-Zip: MIAMI, FL 330152334

Title: P () Delete
Name: MATIENZO, MARTHA R.,
Address: 19448 BOB-O-LINK DRIVE
City-St-Zip: MIAMI, FL 330152334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATIENZO, PETER J.,
Address: 19448 BOB-O-LINK DRIVE
City-St-Zip: MIAMI, FL 330152334 US

Title: VP (X) Change () Addition
Name: KASTEN, ANDREW A., S&T
Address: 10532 NW 56 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. MATIENZO

P

02/27/2002

Electronic Signature of Signing Officer or Director

Date