

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90108 027 \*\*\*150.00

**DOCUMENT # P96000032926**

1. Entity Name  
**MDD ASSOCIATES, INC.**

Principal Place of Business

**18650 NE 28TH CT  
 N MIAMI BCH FL 33180  
 US**

Mailing Address

**18650 NE 28TH CT  
 N MIAMI BCH FL 33180  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**2200 W. GLADES RD**

**405**

**BOCA RATON, FL**

**33063**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0661794**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GILBERT, DAN  
 10288 SUNSET BLVD DR  
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete  
 NAME **GORDON, MANUEL**  
 STREET ADDRESS **1440 S. OCEAN BLVD., APT. 8A**  
 CITY-ST-ZIP **POMPAHO BEACH FL 33062**

TITLE **D** ☒ Delete  
 NAME **COHN, DAVID**  
 STREET ADDRESS **7659 CINEBAR DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ Delete  
 NAME **GILBERT, DAN**  
 STREET ADDRESS **10288 SUNSET BLVD. DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Manuel Gordon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02 561368-9660**  
 Date Daytime Phone #

CR2E034 (9/01)