

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90649 001 ***300.00

DOCUMENT # P96000071739

1. Entity Name

MUNICIPAL DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

890 S. Dixie Highway
 Coral Gables, FL 33146

890 S. Dixie Highway
 Coral Gables, FL 33146

4217

2. Principal Place of Business

1500 San Remo Ave.

3. Mailing Address

1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

DO NOT WRITE IN THIS SPACE

City & State
 CORAL GABLES FLORIDA

City & State
 CORAL GABLES FLORIDA

4. FEI Number

65-0733525

Applied For

Not Applicable

Zip
 33146

Country
 USA

Zip
 33146

Country
 USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Schreiber, Gerhardt A.
 222 Ponce de Leon Blvd.
 Penthouse Ste
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Mary Lou Rodon Alvarez

Street Address (P.O. Box Number is Not Acceptable)

2222 Ponce de Leon Blvd.

Penthouse Suite

City

Coral Gables

FL

Zip Code

33134

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)

5-9-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	Wolfberg, David A.	
STREET ADDRESS	5960 S.W. 57th Ave.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Alvarez, Julio E.	
STREET ADDRESS	5960 S.W. 57th Ave.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFBERG, DAVID A.	
STREET ADDRESS	1500 San Remo Ave., Suite 300	
CITY-ST-ZIP	CORAL GABLES FLORIDA 33146	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JULIO E.	
STREET ADDRESS	1500 San Remo Ave., Suite 300	
CITY-ST-ZIP	CORAL GABLES FLORIDA 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01 (305)666-5474

Date

Daytime Phone #

CR2E034 (11/00)