

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90040 046 ***150.00

DOCUMENT # P97000023679

1. Entity Name

M.K.D. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2401 SOUTH OCEAN DR SUITE 1901
HOLLYWOOD FL 33019

2401 SOUTH OCEAN DR SUITE 1901
HOLLYWOOD FL 33019

3370 NE 190th ST

3370 NE 190th ST

2. Principal Place of Business

3. Mailing Address

2012

2012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Aventura

Aventura

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33080

33180

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARLMAN, MICHAEL
2401 SOUTH OCEAN DR SUITE 1901
HOLLYWOOD FL 33019

Name

Earlman, Michael

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

3370 NE 190th ST

Suite 2012

City

Aventura

FL

Zip Code

33180

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 **Michael Earlman**

Signature, typed or printed name of registered agent and title if applicable.

Michael Earlman

(NOTE: Registered Agent signature required when reinstating)

3-22-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EARLMAN, MICHAEL**
STREET ADDRESS **2401 SOUTH OCEAN DR SUITE 1901**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **PD** ☒ Change ☐ Addition
NAME **Earlman, Michael**
STREET ADDRESS **3370 NE 190th ST Suite 2012**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **VD** ☐ Delete
NAME **EARLMAN, DENISE**
STREET ADDRESS **2401 SOUTH OCEAN DR SUITE 1901**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VD** ☒ Change ☐ Addition
NAME **Earlman, Denise**
STREET ADDRESS **3370 NE 190th ST Suite 2012**
CITY-ST-ZIP **Aventura FL 33180**

TITLE **STD** ☐ Delete
NAME **EARLMAN, KEITH**
STREET ADDRESS **2401 SOUTH OCEAN DR SUITE 1901**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **STD** ☒ Change ☐ Addition
NAME **Earlman, Keith**
STREET ADDRESS **3370 NE 190th ST Suite 2012**
CITY-ST-ZIP **Aventura FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Michael Earlman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

Daytime Phone #

CR2E034 (10/00)

0102037