

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90176 042 ***150.00

DOCUMENT # P97000034949

1. Entity Name

MADI INDUSTRIES, INC.

Principal Place of Business

9170 N.W. 53RD STREET
 CORAL SPRINGS FL 33067

Mailing Address

9170 N.W. 53RD STREET
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

210 North University Drive 210 N. University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

705

705

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Country

Zip

Country

33071 USA

33071 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, MARK G JR.
 9170 N.W. 53RD STREET
 CORAL SPRINGS FL 33067

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 D
 NAME ROSS, MARK G JR.
 STREET ADDRESS 9170 N.W. 53RD STREET
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D
 NAME ROSS, MARK G JR.
 STREET ADDRESS 210 N. UNIVERSITY DRIVE SUITE 705
 CITY-ST-ZIP CORAL SPRINGS FL 33071

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
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

Mark G. Ross

4-26-01

Date

954-647-9476

Daytime Phone #

CR2E034 (10/00)