

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026485 AV

**DOCUMENT # P97000041305**

1. Entity Name  
**MDL FARMS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 19 PM 5:30

Principal Place of Business  
**1600 EAST MOWRY STREET  
HOMESTEAD FL 33033  
209555 W. 394 ST  
Florida City FL 33031**

Mailing Address  
**1900 EAST MOWRY STREET  
HOMESTEAD FL 33033  
209555 W. 394 ST  
Florida City FL 33034**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0808338** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**LOSNER, STEVEN D  
65 NW 16TH STREET  
HOMESTEAD FL 33030**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LERO, MICHAEL D 20955 SW 394 ST HOMESTEAD FL 33034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600004661696--1 -11/01/01--01005--005 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10/30</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael D Lero **9-29-01** **305-242-9564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Oct 13-01

att Kathy Ashton

In response to our Telephone  
Conversation on Oct 11 01, I did not  
receive a First Notice and  
the Second Notice did not come  
until the middle of Sept 01  
(around Sept 23)

Thank you for your help.

also I was in the hospital  
with Cancer surgery. (But am  
lots better now) Thank you - here  
is the ch. for One Hundred Fifty  
dollars (\$150.00)

D. Lero

M. D. R. Farms Inc.  
20955 S.W. 394th