

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000046441**

1. Entity Name

MD OFFICE BUILDING, INC.

Principal Place of Business

885 FATHOM RD.

N. PALM BEACH  
33408

FL

Mailing Address

885 FATHOM RD.

N. PALM BEACH  
33408

FL

2. Principal Place of Business

885 FATHOM RD.

3. Mailing Address

885 FATHOM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

NORTH PALM BEACH

FL

City &amp; State

NORTH PALM BEACH

FL

4. FEI Number

65-0769667

Applied For

Not Applicable

Zip  
33408Country  
USZip  
33408Country  
US5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**HARRIS MICHAEL D  
1645 PALM BEACH LAKES BLVD. STE 550W. PALM BEACH  
33401

FL

**7. Name and Address of New Registered Agent**

Name

TOCHNER MAX

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

885 FATHOM RD.

City

NORTH PALM BEACH

FL

Zip Code  
33408

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 **MAX TOCHNER**

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

(NOTE: Registered Agent signature required when reinstating)

**04/23/2000**

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, 2000 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 VD ☒ Delete  
NAME HERNANDEZ DAVID  
STREET ADDRESS 17802 BRIDLE LANE  
CITY-ST-ZIP JUPITER FL 33478TITLE ST ☐ Delete  
NAME TOCHNER MAX  
STREET ADDRESS 885 FATHOM RD.  
CITY-ST-ZIP N. PALM BEACH FL 33408TITLE PVD ☐ Delete  
NAME TOCHNER MAX  
STREET ADDRESS 885 FATHOM RD.  
CITY-ST-ZIP N. PALM BEACH FL 33408TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☒ Change ☐ Addition  
NAME TOCHNER MAX  
STREET ADDRESS 885 FATHOM RD.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408TITLE ☒ Change ☐ Addition  
NAME TOCHNER MAX  
STREET ADDRESS 885 FATHOM RD.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: MAX TOCHNER

PPES 04/23/2000