

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 040 ***550.00

DOCUMENT # P97000079164

1. Entity Name

MDR COMMUNICATIONS, INC

Principal Place of Business

901 N. R. VISTA BLVD
 FT LAUD FL

Mailing Address

901 N. RIO VISTA
 FT LAUD FL

2. Principal Place of Business

1040 BAYVIEW Dr
 Suite, Apt. #, etc.
 323

3. Mailing Address

6466 N W 5th WAY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUD. FL.

City & State

FT LAUD FL

4. FEI Number

65-0821460

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Buckstein, Mark
 515 E LAS OLAS
 FT LAUD FL 33301

7. Name and Address of New Registered Agent

Name

JOHN PASSARIELLO

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

6466 N W 5th WAY

City

Fort LAUD

FL

Zip Code

33309

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

(NOTE: Registered Agent signature required when reinstating)

5/4/00
 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 ☐ Delete
 NAME D P
 STREET ADDRESS MALONE, RICHARD
 CITY-ST-ZIP 901 N. RIO VISTA BLVD
 FT LAUD FL 33301

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS SANTONI, CARL
 CITY-ST-ZIP 901 N. RIO VISTA BLVD
 FT LAUD FL 33301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Malone 5-4-00

Date

954-566-8089

Daytime Phone #

CR2E034 (9/99)