

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90151 032 ***150.00

DOCUMENT # P98000081513

1. Entity Name
MDM SUPPLIES, INC.



Principal Place of Business
**4602 NW 29 TERR
TAMARAC FL 33309**

Mailing Address
**4602 NW 29 TERR
TAMARAC FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7700 NW 1st Street

Suite, Apt. #, etc.

7700 NW 1st Street

City & State

Margate FL

City & State

Margate FL

4. FEI Number

65-0865392

Applied For

Not Applicable

Zip

33063

Country

Zip

33063

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLAT, DEBORAH
4602 NW 29TH TERR
TAMARAC FL 33309**

Name

Polat Deborah

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

7700 NW 1st Street

City

Margate

FL

Zip Code

33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **POLAT, DEBRA**
STREET ADDRESS **4602 NW 29 TER**
CITY-ST-ZIP **TAMARAC FL 33309**

TITLE **Polat Deborah** ☐ Change ☐ Addition
NAME **7700 NW 1st Street**
STREET ADDRESS **Margate FL 33063** address change
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
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03

Date

9545922228

Daytime Phone #

CR2E034 (10/02)