## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # P98000087737 **Secretary of State** M.D. MANAGEMENT SERVICES INC. 03-20-2001 90046 044 \*\*\*158.75 Principal Place of Business Mailing Address 3972 NW 36 ST 3972 NW 36 ST MIAMI FL 33142 MIAMI FL 33142 U0027207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0871438 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ----JIMENEZ, CARLOS O Street Address (P.O. Box Number is Not Acceptable) 7185 WEST 10TH COURT HIALEAH FL 33014 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE JIMENEZ, CARLOS O NAME NAME 7185 WEST 10TH COURT STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LLAMO, LARDIS NAME NAME 7185 W 10 CT STREET ADDRESS STREET ADDRESS HIALEAH FL 33014. CITY-ST-ZIP CITY-ST-ZIP Pres, Sectr. Delete TITLE ☐ Change Addition TITLE ALVAREZ, MIRTA NAME NAME 6450 COLLINS AVE #PH2 STREET ADDRESS STREET ADDRESS 3972 N.W. 36 St. Miami, Fla. 33142 MIAM! BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE PROPERTY OF PRINTED NAME OF SIGNATURE OF SIGNATUR

DOCUMENT # P9800087737  1. Entity Name  M.D. MANAGEMENT SERVICES INC.						M)	FAC.	778	12M	+	7.16 1.10
Principal Place of Business 972 NW 38 ST IIAMI FL 33142		Mailing Address 3972 NW 36 ST MIAMI FL 33142						,			
2. Principal Place of Business		3. Mailing Address						·			
Suite, Apt. #. etc.		Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SF	ACE		-
City & State		City & State			4	. FEI Number	65-0871438	3		plied For	]
Zip	Country	Zip	Coun	try	5	. Certificate of	Status Desired		8.75 Add ee Required		
	6. Name and Address of Current R	egistered Agent		- Nama	7	. Name and A	dress of New R	egistered A	jent	المتحسم	
JIMENEZ, CARLOS O 7185 WEST 10TH COURT HIALEAH FL 33014				Street Ac	ddress (P.C	). Box Number i	s Not Acceptable	e)			
				City				FL	Zip Code	e	-
Tax filing	Signature, typed or printed name of registered agent an original programme of the second programme of	FILE NOW!! After MAY 1, 200 Make Check Payabl	! FEE	will be \$5	00 50.00 t of State	10. Electi Trust	on Campaign Fir Fund Contributio	n. 🗀	Added	<b>0</b> May Be if to Fees	
11. TITLE NAME STREET ADDRESS	OFFICERS AND D P JIMENEZ, CARLOS O 7185 WEST 10TH COURT	IRECTORS Delete	12. TITU NAM STRE	1		ADDITIONS/CI	HANGES TO OFF		DIRECTORS  Change	S IN 11	F024 (10:00)
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	HIALEAH FL 33014  D LLAMO, LARDIS 7185 W 10 CT HIALEAH FL 33014	Delete Delete	TITLI NAM STRE						☐ Change	Addition	CROFIN
TITLE —— NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, MIRTA 6450 COLLINS AVE #PH2 MIAMI BEACH FL 33141	·				, Sect N.W. mi, Els	36 St.			Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						***	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	CITY	EET ADDRESS -ST-ZIP					Change	Addition	
indicated of the cor changed	certify that the information supplied with to this report or supplemental report is recration or the receiver or trustee emports or on an attachment with an address, w	rue and accurate and that m yered to execute this report a	u ciano	tura chall h	ave the car	na langi attect :	as if made under and that my pan	oain: inai i ai	m an oilicei	Of CHICCIO	-
SIGNAT		INTED NAME OF SIGNING OFFICER	HQ /	TOR			Date ·	00	aytime Phone *		