## 2090 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000100250** Jul 26, 2000 8:00 am **Secretary of State** MDE STRUCTURES, INC. 07-26-2000 90011 030 \*\*\*550.00 Mailing Address Principal Place of Business 4016 NORTH 30TH AVENUE 4016 NORTH 30TH AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 7 UST 323 Se Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 212 STE 212 City & State City & State Applied For Fr. LAnde chile FT. LAUDERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. STROND, RONALD F # ☐ Detete STROUD, RONALD E II 2841 N. OCEAN BLUD #903 STREET ADDRESS **4016 NORTH 30TH AVENUE** STREET ADDRESS FT. LAUDERCHIE FL 33308 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition TITLE ☐ Delete TITLE NAME CASE, ROBERT S NAME STREET ADDRESS **4016 NORTH 30TH AVENUE** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SHATURE ANTONO OF PRINTED NAME OF SIGNING OFFICE OF PRINTED BY

954 232-5667

Daytime Phone #