## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P99000092112 1. Entity Name MDB ENTERPRISES OF SOUTH FLOIRDA, INC. 01-21-2000 90128 037 \*\*\*150.00 Principal Place of Business Mailing Address 315 S.E. 7TH ST., 1ST FLOOR 315 S.E. 7TH ST., 1ST FLOOR FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-3158 2. Principal Place of Business Mailing Address 15 SW Avenue 715 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For ity & State City & State 4. FEI Number <u>embroke</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHECHTER, JEROME R 315 S.E. 7TH ST.,=IST FLOOR FT. LAUDERDALE FL 33301 State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office Mazzella FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ 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. Change ☐ Addition ☐ Delete TITLE TITLE 3715 SW 52 Avenue Pembroke Park Fi DIBOSCO, ANDREA MAZELLA NAME NAME STREET ADDRESS 315 S.E. 7TH ST., 1ST FLOOR STREET ADDRESS CITY-ST-ZIP FT\_LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE 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 musignature 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 this see entry seed to execute this poor as required by Chapter 607, Florida Statutes; and that my same appears in Block 11 or Block 12 if changed, or on an attachmen 2000 SIGNATURE:

Daytime Phone #