

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90029 032 ***550.00

DOCUMENT # P99000099391

1. Entity Name

MDI USA, INC.

Principal Place of Business

3661 NW 126TH AVE
CORAL SPRINGS FL 33065

Mailing Address

3661 NW 126TH AVE
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0961538

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

ALEXANDER BERGEL

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

3661 N.W. 126TH AVENUE

City

CORAL SPRINGS

FL

Zip Code

33065

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 ALEXANDER BERGEL

Alexander Bergel

07-25-00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00!

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOLIN, IVAN	
STREET ADDRESS	118 SANDRA DOLLARD-DES-ORMEAUX	
CITY-ST-ZIP	QUEBEC, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAK, ROBERT	
STREET ADDRESS	50 MORHANGE LORRAINE	
CITY-ST-ZIP	QUEBEC, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASCHINI, JEAN	
STREET ADDRESS	86 BLEURY PLACE, ROSEMERE	
CITY-ST-ZIP	QUEBEC, CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASCHINI, MARISE	
STREET ADDRESS	8788 AETERNA	
CITY-ST-ZIP	ST. LEONARD, QUEBEC, CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASCHINI, PIERRE	
STREET ADDRESS	196 GRANDE-COTE	
CITY-ST-ZIP	BOISBRIAND, QUEBEC, CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

07-25-00

450-965-7360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN ANTOLIN, PRESIDENT

Date

Daytime Phone #

CR2E034 (5/00)