

2000 UNIFORM BUSINESS REPORT (UBR)

7/26/00-90005-021-\$150.00-\$150.00

10f2

DOCUMENT # S20056

1. Entity Name

M.D.S. ASSOCIATES, INC.

FILED

00 AUG 21 AM 7:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O MDS ASSOCIATES INC
1958 NE 163RD ST
NORTH MIAMI BEACH FL 33162
US

Mailing Address

C/O MDS ASSOCIATES INC
1958 NE 163RD ST
NORTH MIAMI BEACH FL 33162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0236213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARON, LORA
1958 N.E. 163RD STREET
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LORA, SHARON 1958 NE 163 ST N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LORA SHARON **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 (305) 945-8700
Daytime Phone #

KE

2 of 2

M.D.S. ASSOCIATES INC
1955 NE 163 STREET
NORTH MIAMI BEACH FL 33162

08/18/2000

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN

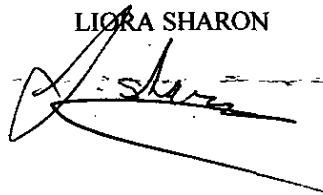
SUBJECT: M.D.S. ASSOCIATES INC

REFERENCE NUMBER: S20056

WE RECENTLY SENT YOU A CHECK FOR \$150 AND THE 2000 UNIFORM BUSINESS REPORT (UBR) AFTER MAY 1, 2000. WE WERE LATE BECAUSE OF A CHANGE IN OFFICERS AND DIRECTORS WHICH WAS CARRIED OVER FROM THE LAST REPORT OF 1999. WE CALLED YOUR TAX DEPARTMENT TO NOTIFY YOU OF THIS CHANGE AND REASON FOR FILING LATE IN THIS REGARD. WE ARE ASKING FOR AN ABATEMENT OF THE \$400 LATE FEE. WE ARE A ONE PERSON OPERATION AND THIS FEE WOULD BE A HARDSHIP. WE HOPE YOU WILL CONSIDER THIS RECOMMENDATION.

YOURS TRULY

LICIA SHARON

A handwritten signature in black ink, appearing to read "Licía Sharon", is written over a horizontal line. The signature is stylized with a large initial "L" and a long, sweeping underline.