

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38201

1. Entity Name

MDB ENTERPRISES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90083 023 ***150.00

Principal Place of Business

1109 NE 2ND ST.
HALLANDALE FL 33009

Mailing Address

1109 NE 2ND ST.
HALLANDALE FL 33009-8515

2. Principal Place of Business

3715 SW 52 Avenue
Suite, Apt. #, etc.

3. Mailing Address

3715 SW 52 Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Park FL

Zip

33023

Country

City & State

Pembroke Park FL

Zip

33023

Country

4. FEI Number

65-0253711

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

DALE, MICHAEL L
5154 SE FEDERAL HIGHWAY
STUART FL 34997

Name Andrea Mazzelladibosco

Street Address (P.O. Box Number is Not Acceptable)
3715 SW 52 Avenue

City Pembroke Park FL Zip Code 33023

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]

1/22/2000

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	MAZZELLADIBOSCO, ANDREA	
STREET ADDRESS	1109 N.E. 2ND ST.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MAZZELLADIBOSCO, PAMELA	
STREET ADDRESS	1109 N.E. 2ND ST.	
CITY-ST-ZIP	HALLANDALE FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3715 SW 52 Avenue
CITY-ST-ZIP	Pembroke Park FL 33023
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3715 SW 52 Avenue
CITY-ST-ZIP	Pembroke Park FL 33023
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)