

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23495

1. Entity Name

M.D.R. RESTAURANT EQUIPMENT & SUPPLIES, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90222 002 \*\*\*150.00

Principal Place of Business

13016 S.W. 85TH AVENUE ROAD  
MIAMI FL 33156

Mailing Address

13016 S.W. 85TH AVENUE ROAD  
MIAMI FL 33156

2. Principal Place of Business

8940 S.W. 129 TER

3. Mailing Address

8940 S.W. 129 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33176

Country

Zip

33176

Country

4. FEI Number

65-0318605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROZENBLUM, MOSHE  
13016 S.W. 85TH AVENUE RD.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

8940 S.W. 129 TER

City

MIAMI

FL

Zip Code

33176

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 \$150.00**  
**After MAY 1, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
ROZENBLUM, MOSHE  
9842 S.W. 118TH AVE.  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ROZENBLUM, MOSHE  
9842 S.W. 118TH AVE.  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2001 305-2385047

0190547

CR2E034 (10/00)

00050749



DO NOT WRITE IN THIS SPACE