

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V53044**

1. Entity Name
MADA CORPORATION

Principal Place of Business

**777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131**

Mailing Address

**777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131**

2. Principal Place of Business

**1001 Brickell Bay Drive
Suite, Apt. #, etc.
Suite 2908**

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

**1001 Brickell Bay Drive
Suite, Apt. #, etc.
Suite 2908**

City & State

Miami, Florida

Zip

33131

Country

USA

6. Name and Address of Current Registered Agent

**CANTOR, STEVEN L.
777 BRICKELL AVE.
SUITE 500
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SIC Corporate Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive, Suite 2908
City **Miami** FL Zip Code **33131**

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

Steven L. Cantor, President

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 12, 2001, Fee 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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **ISABELLA, ANTONELLO**
CITY-ST-ZIP **777 BRICKELL AVE. STE. 500
MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1001 Brickell Bay Drive, Suite 2908**
CITY-ST-ZIP **Miami, Florida 33131**

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

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

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

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

TITLE ☐ Change ☐ 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: *Antoniello Isabella*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

Date

(305) 374-3886

Daytime Phone #

FILED
Sep 20, 2001 8:00 am
Secretary of State

09-20-2001 90001 024 ***550.00



DO NOT WRITE IN THIS SPACE

00000000 AV 00000000

CR2E034 (5/01)