

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90162 022 \*\*\*150.00

DOCUMENT # **P00000090445**  
 1. Entity Name  
**MADIKEEA PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**1217 CAPE CORAL PKWY, CAPE CORAL, FL 33404-4604**

2. Principal Place of Business 3. Mailing Address  
**2 South Biscayne Blvd P.O. Box 111854**  
 Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL Miami, FL**  
 Zip Country Zip Country  
**33111 USA 33111-1854 USA**

4. FEI Number Applied For  
**65-1105426** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**554225**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PRESIDENTIAL SERVICES INCORPORATED**  
**1217 CAPE CORAL PKWY, CAPE CORAL**  
**FL, 33404-4604**

Name **JOSE MOUNSAMY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 Biscayne Blvd Way**  
 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 **JOSE MOUNSAMY, PRESIDENT** **05/31/01**  
SIGNATURE AND 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	<b>Director</b> <b>JOSE MOUNSAMY</b> <b>200 Biscayne Blvd Way</b> <b>Miami, FL 33131</b>	<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
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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: **JOSE MOUNSAMY** **05/31/01** **(305) 245 8274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)