

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90042 005 ***150.00

DOCUMENT # V09464

1. Entity Name
MANDELL CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business 3236 COLISEUM ST NEW ORLEANS LA 70115 US	Mailing Address 3236 COLISEUM STREET NEW ORLEANS LA 70115 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3236 Coliseum St	3. Mailing Address 3236 Coliseum St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Orleans, LA	City & State New Orleans, LA	4. FEI Number 59-3109685	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 70115	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**JORDAN, EDWARD P., II
 13543 EAST HIGHWAY 50
 SUITE 1800
 CLERMONT FL 34711**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, DAVID E. 3236 COLISEUM STREET NEW ORLEANS LA 70115 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Berger* Date: 4/10/01 Daytime Phone #: 504-891-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)