

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90034 007 ***150.00

DOCUMENT # J63674

1. Entity Name
MBNI, INC.

Principal Place of Business

Mailing Address

**6470 RALEIGH ST.
 ORLANDO FL 32835
 US**

**6470 RALEIGH STREET
 ORLANDO FL 32835
 US**

2. Principal Place of Business

3. Mailing Address

8621 San Andros
 Suite, Apt. #, etc.

8621 San Andros
 Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

33411

Palm Beach

Zip

Country

33411

Palm Beach

4. FEI Number **59-2802110**

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

**PERSAUD, ISRI
 6470 RALEIGH STREET
 ORLANDO FL 32835**

Name

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

8621 SAN ANDROS

City **West Palm Beach**

FL

Zip Code **33411**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
 NAME **PERSAUD, INDRANIE**
 STREET ADDRESS **6470 RALEIGH STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **8621 San Andros**
 STREET ADDRESS **West Palm Beach FL**
 CITY-ST-ZIP **33411**

TITLE **PD** ☐ Delete
 NAME **PERSAUD, ISRI**
 STREET ADDRESS **6470 RALEIGH ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **8621 San Andros**
 STREET ADDRESS **West Palm Beach FL**
 CITY-ST-ZIP **33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: **Isri Persaud**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 **561 884-4306**
 Date Daytime Phone #

CR2E034 (10/00)