

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K25304**
 1. Entity Name
MANAGEMENT & BUSINESS ASSOCIATES INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90144 003 ***150.00

Principal Place of Business Mailing Address
814 Ponce de Leon Blvd. 410
CORAL GABLES, FL 33134

00100010

2. Principal Place of Business 3. Mailing Address
814 Ponce de Leon Blvd.
 Suite, Apt. #, etc. **410**

DO NOT WRITE IN THIS SPACE

City & State **CORAL GABLES, FLA**
 Zip **33134** Country **U.S.A.**

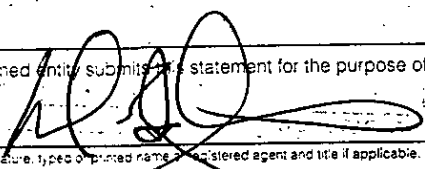
4. FEI Number **65-007763X** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MANUEL E. IGLESIAS**
 Street Address (P.O. Box Number is Not Acceptable)
814 Ponce de Leon Blvd # 410
CORAL GABLES, FLA
 City **FL** Zip Code **33134**

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  **MANUEL E. IGLESIAS** DATE **4/27/2000**
 (NOTE: Registered Agent signature required when re-registering)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing. ☐ \$5.00 May Be Added to Fees

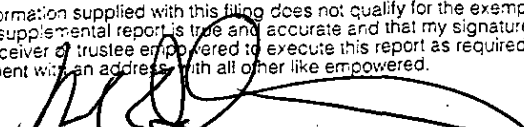
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Add
PRESIDENT	DAVID SCHRIER	814 Ponce de Leon Blvd 410	CORAL GABLES, FL 33134	☒	☐
SEC	MANUEL E. IGLESIAS	814 Ponce de Leon Blvd # 410	CORAL GABLES, FL 33134	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 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 **4/28/2000** Daytime Phone #