FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91351 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 25304

1. Entity Name

MANAGEMENT + BUSINESS ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7240 SW 58 ST	P.O. BOX
Suite, Apt. # etc.	Suite, Apt. # etc. 140339
City & State MIAMI FLA.	City & State CORAL GABLES FL
Zip 33146 Country USA	Zip 33114 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077634 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MANUEL E. IGLESIAS

Street Address (P.O. Box Number is Not Acceptable) 7240 SW. 58 ST

City MIAMI FL Zip Code 33146

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] MANUEL E. IGLESIAS 4/25/02 (786) 402 8086

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/S	TITLE	
NAME	MANUEL E. IGLESIAS	NAME	
STREET ADDRESS	7240 SW. 58 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT MANUEL E. IGLESIAS 4/28/02 (786) 402 8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #