


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017346 1. Entity Name MBA OF AMERICA, LLC																													
Principal Place of Business 6221 WEST ATLANTIC BLVD. MARGATE, FL 33063			Mailing Address 6221 WEST ATLANTIC BLVD. MARGATE, FL 33063																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 45-0484080																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent QURESHI, DENISE 6221 WEST ATLANTIC BLVD. MARGATE, FL 33063																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QURESHI, MOHAMMAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6221 W ATLANTIC BLVD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL 33063</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">U000000091691</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>03/18/04-80019-009 55.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	QURESHI, MOHAMMAD		STREET ADDRESS	6221 W ATLANTIC BLVD		CITY- ST- ZIP	MARGATE, FL 33063		TITLE	U000000091691	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	03/18/04-80019-009 55.00		STREET ADDRESS			CITY- ST- ZIP		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes																													
SIGNATURE: <u>Mohammad Qureshi</u> <u>3/16/04</u> <u>954-977-9728</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													