2000	UNIFORM	BUSINESS	REPORT	(UBR)
				-

SIGNATURE:

							
OCU Entity Nam	MENT # L930	00000301	SECRETARY OF STATE DIVISION OF CORPORATIONS				
-	MANAGEMENT CONSULT	ANTS, L.C.					
				00 FEB 18	AH 8: 36		
rincipa! Plac 375 S HW. 1 AITLAND FL		Mailing Address P.O. BOX 1717 GOLDENROD FL 32733-1	717				
ATTLANU PL		GOLDENHOU FL 32733-1	,,,	A SEMANDAL DIM AMERICA ARAGE MANA	n Adini Adini Balili Adili Adili Adili II	HI 66(8) HAL (68)	
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Principal P	Place of Business	3. Mailing Address		. 48 111 êd 111 48 111 68 111 88 168 (1	111 00 161 1101 1041		
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number 59-3199234 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desire	, S5.00 A	Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of Nev	Fee Requ	ired	
	o. Name and Address of Curre	nt registeres Agent	Name	THE HEALTH STATE OF THE STATE O			
HILBORN, ROBERT L				Street Address (P.O. Box Number is Not Acceptable)			
	RUS POINT COURT						
WINIER	PARK FL 32792-7563		Cin	· ·	□ Zip C		
			City	gistered agent, or both, in the State of			
GNATURE	Signature, typed or printed name of registered ag		TE: Registered Agent signature re		DATE		
	·		ayable to Departme				
LE	MANAGING MEN	MBERS/MEMBERS Detecto	10.	ADDITION	NS/CHANGES Chang	e Addition	
ME Beet address	MIRZA, HASSAN M 8875 S HWY 17-92	yearu	MAME STREET ADDRESS			8 Addition	
IV-8T-ZIP ILE	MAITLAND FL 32751 MGR	Delete	CITY- 8T- ZIP			e 🔲 Addition	
ME REET ADDRESS	MIRZA, IQBAL M 8875 S HWY 17-92	L. Bossos	NAME STREET ADDRESS CITY-ST-ZIP	rf31100			
TY-ST-ZIP	MAITLAND FL 32751	☐ Delete	TITLE		Chang	e Addition	
ME REET ADDRESS IV-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		159619 7/0001009 50,00 ******	1 016	
TLE		Delete	TITLE		Change		
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us ;		☐ Delete	TITLE		Chang	Addition	
ME REET ADDRESS			NAME STREET ADDRESS				
indicated	on this report is true and accurate a bility company or the receiver or trus	nd that my signature shall have stee empowered to execute this	e the same legal effect a s report as required by C	•	es. I further certify that th naging member or mana	e information ager of the	
 ICNIAT	TIPE. Danie	NATE RECA	OBATE EM MRZ	A \$13/00		1	
IGNAT	V/12/	PRINTED NAME OF SIGNING MANAGING		Date	Daytime Phone		