

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006349

1. Entity Name

MBA WEALTH DESIGN COLLABORATIVE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

C/O KARL W. ADLER
1700 NORTHEAST 26TH STREET #4
FT. LAUDERDALE FL 33305

Mailing Address

C/O KARL W. ADLER
1700 NORTHEAST 26TH STREET #4
FT. LAUDERDALE FL 33305-1413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADLER, KARL W
1700 NORTHEAST 26TH STREET #4
FT. LAUDERDALE FL 33305

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MAKOWSKI, RAYMOND
STREET ADDRESS 886 SOUTH THIRD, P.O. BOX 49291
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition
NAME 900003121429--0
STREET ADDRESS -02/02/00--01095--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME BALENTINE, JERRY
STREET ADDRESS 6303 NORTH PORTLAND AVENUE, #305
CITY-ST-ZIP OAKLAHOMA CITY OK 73112

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

TITLE MGR ☐ Delete
NAME ADLER, KARL W
STREET ADDRESS 1700 NORTHEAST 26TH STREET #4
CITY-ST-ZIP FT. LAUDERDALE FL 33305

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-25-2000