

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY 14 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006349

1. Entity Name

MBA WEALTH DESIGN COLLABORATIVE, LLC

Principal Place of Business

Mailing Address

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

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



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

65-0955685

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MAKOWSKI, RAYMOND  
886 SOUTH THIRD, P.O. BOX 4929T  
JACKSONVILLE FL 32250 32256

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

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/10/01 954-566-3237