

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90019 011 \*\*\*\*50.00

**DOCUMENT # L99000006349**

1. Entity Name

**MBA WEALTH DESIGN COLLABORATIVE, LLC** ✓

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

947040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0955685**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | MGR                              | <input type="checkbox"/> Delete |
| NAME           | MAKOWSKI, RAYMOND                |                                 |
| STREET ADDRESS | 4651 SALISBURY RD. #1601         |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32256            |                                 |
| TITLE          | MGR                              | <input type="checkbox"/> Delete |
| NAME           | BALENTINE, JERRY                 |                                 |
| STREET ADDRESS | 6303 NORTH PORTLAND AVENUE, #305 |                                 |
| CITY-ST-ZIP    | OAKLAHOMA CITY OK 73112          |                                 |
| TITLE          | MGR                              | <input type="checkbox"/> Delete |
| NAME           | ADLER, KARL W                    |                                 |
| STREET ADDRESS | 1700 NORTHEAST 26TH STREET #4    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33305          |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 of Raymond Makowski*

MGR

4/18/02

954/324-3237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)