

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90465 031 \*\*\*\*61.25

**DOCUMENT # N02000003177**

1. Entity Name

**MLC DEBT MANAGEMENT, INC.**



Principal Place of Business

**300 LAYNE BLVD #107  
HALLANDALE BCH FL 33009**

Mailing Address

**300 LAYNE BLVD #107  
HALLANDALE BCH FL 33009**

**30038970**

2. Principal Place of Business

**419 GOLDEN ISLES DR  
Suite, Apt. #, etc.  
108**

3. Mailing Address

**419 GOLDEN ISLES DR  
Suite, Apt. #, etc.  
108**



☒ CHECK HERE IF MAKING CHANGES

City & State

**HALLANDALE BCH FL**

City & State

**HALLANDALE BCH FL**

4. FEI Number

**02 0617186**

Applied For

Not Applicable

Zip

**33009**

Country

**BROWARD**

Zip

**33009**

Country

**FLA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARBIERI, GAETANO  
300 LAYNE BLVD #107  
HALLANDALE BCH FL 33009**

7. Name and Address of New Registered Agent

Name **GAETANO BARBIERI**  
Street Address (P.O. Box Number is Not Acceptable)  
**419 GOLDEN ISLES DR 108**  
City **HALLANDALE BCH FL** Zip Code **33009**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBIERI, SALVATORE</b>	
STREET ADDRESS	<b>45 ROCKEFELLER PLAZA, STE 2077</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10111</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBIERI, MARIA</b>	
STREET ADDRESS	<b>318 FREDERICK AVENUE</b>	
CITY-ST-ZIP	<b>BELLMORE NY 11710</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBIERI, JO ANN</b>	
STREET ADDRESS	<b>49 CYPRESS AVENUE</b>	
CITY-ST-ZIP	<b>BETHPAGE NY 11714</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**S. Salvatore**

**02-27-03 954452564**

CR2E037 (10/02)