# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2003 8:00 am**
**Secretary of State**
05-21-2003 90192 001 ***150.00

DOCUMENT # P00000019584

1. Entity Name
Management Advisory Services, Inc

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1601 Cypress Pointe Drive | c/o Joel Gwilkin 1320 S. Dixie Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. PH 1275 |
| City & State: Coral Springs, Florida | City & State: Coral Gables FL |
| Zip: 33071 Country: USA | Zip: 33146 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel Gwilkin, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Hwy PH 1275
City: Coral Gables FL Zip Code: 33146

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: Joel Gwilkin — Signature, typed or printed name of registered agent and title if applicable. Joel Gwilkin, Esq. (NOTE: Registered Agent signature required when reinstating.) DATE: 5/19/2003

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | Michael Straub |
| STREET ADDRESS | 1601 Cypress Pointe Drive |
| CITY-ST-ZIP | Coral Springs FL 33071 |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Straub — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/19/2003 — Daytime Phone #: (954)609-7271