

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055741

1. Entity Name

M & I PROPERTIES, INC.

Principal Place of Business

725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803

Mailing Address

725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803

2. Principal Place of Business

703 N US Hwy 1

Suite, Apt. #, etc.  
Bunnell, Florida

City & State  
32110 USA

Zip Country

3. Mailing Address

P.O. Box 2685

Suite, Apt. #, etc.  
Bunnell, Florida

City & State  
32110 USA

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3652047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name  
JOSEPH K. LEBEGERN  
Street Address (P.O. Box Number is Not Acceptable)  
OFFICE PARK DR-STE 230  
City PALM COAST FL Zip Code 32137

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

*Joseph K. Lebegern*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME MUHAMMAD, MAQBOOL  
STREET ADDRESS 725 NORTH MAGNOLIA AVENUE  
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE D  
NAME ALI, INAYT  
STREET ADDRESS 725 NORTH MAGNOLIA AVENUE  
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P  
NAME MUHAMMAD TARIO  
STREET ADDRESS 32 SHERBURY COURT  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Change ☒ Addition

TITLE D S T  
NAME CORINNE TARIO  
STREET ADDRESS 32 SHERBURY COURT  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Change ☒ Addition

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. Samie*  
Date 3/16/01 Daytime Phone # 904-437-2397

0062632

CR2E034 (10/00)