

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078649

1. Entity Name

MBA ENTERPRISES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90240 028 \*\*\*150.00

Principal Place of Business 236 AVILA STREET W. PALM BEACH FL 33405	Mailing Address 236 AVILA STREET W. PALM BEACH FL 33405
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  GEARY, FRANCIS B JR. GEARY & JOHNSON, P.A. 120 S. OLIVE AVENUE, SUITE 600 W. PALM BEACH FL 33401	<b>7. Name and Address of New Registered Agent</b> Name: <u>Kami Mullins</u> Street Address (P.O. Box Number is Not Acceptable): <u>508 5th Terrace</u> City: <u>Palm Bch Gdns</u> FL Zip Code: <u>33418</u>
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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] (NOTE: Registered Agent signature required when re-registering) DATE: 3-28-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <input type="checkbox"/> Delete <u>Jennifer Pena</u> <u>25531 Crystal Spring Ct.</u> <u>Farmington Hills, MI 48336</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input type="checkbox"/> Delete <u>Kami E. Mullins</u> <u>508 5th Terrace</u> <u>Palm Beach Gardens, FL 33408</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input type="checkbox"/> Delete <u>Melanie Pronik</u> <u>236 Avila Rd</u> <u>West Palm Beach, FL 33405</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <input type="checkbox"/> Delete <u>Jennifer Pena</u> <u>25531 Crystal Springs Ct.</u> <u>Farmington Hills, MI 48336</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <input type="checkbox"/> Delete <u>Julie Pronik-Modelski</u> <u>236 Avila Rd.</u> <u>West Palm Beach, FL 33405</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Melanie Pronik Vice President 3/28/01 561-775-7409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)