

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90144 005 ***158.75

DOCUMENT # P01000026159

1. Entity Name

MANAGEMENT TACTICS INTERNATIONALE, INC.

Principal Place of Business

18651 S.W. 128TH AVE.
MIAMI FL 33177

Mailing Address

18651 S.W. 128TH AVE.
MIAMI FL 33177

2. Principal Place of Business

18651 S.W. 128TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE #104

City & State

MIAMI, FLA.

Zip

33177-3034

Country

U.S.A.

Zip

Country

4. FEI Number

65-1090983

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WILLIE J I

18651 S.W. 128TH AVE. #104

MIAMI FL 33177-3034

7. Name and Address of New Registered Agent

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

Willie J Wright I

01/17/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 WRIGHT, WILLIE J I
STREET ADDRESS 18651 S.W. 128TH AVE.
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
NAME WRIGHT, TAMARA S
STREET ADDRESS 18651 S.W. 128TH AVE.
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
NAME WRIGHT, CAROL Y
STREET ADDRESS 12601 S.W. 92ND COURT
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Willie J Wright I

01/17/02 305-251-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)