## 2003 FOR PROFIT CORPORATION

`2( UN	DO'S FOR PROF	IT CORPOR	ATION T (UBR)	FILED Sep 05, 2003 8:00 am Secretary of State
DOCU	MENT # <b>P010</b> 0	0027837		
1. Entity Nan M.B.S. Ei		0/		09-05-2003 90105 005 ***150.00
Principal Plac 144-33 AMAP DEL RAY BE/		Mailing Address 144-33 AMAPOLA WAY DEL RAY BEACH FL 3349	34	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 22-380 1997 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
, <del>.                                    </del>	6. Name and Address of Current	Hegistered Agent	Name	7. Name and Address of New Registered Agent
MANCINO, SALVATORE 144-33 AMAPOLA WAY DEE RAY BEACH FL 33484		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
8. The above the obligation of	named entity submits this statement for the stat	Pancin	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept    2 3
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANCINO, SALVATORE 144-33 AMAPOLA WAY DELRAY BEACH FL 33484	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition  Change Addition  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 oats; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, 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 the empowered. SIGNATURE:

RE: M.B. S. ENTERPRISE CURP. #P0/000027837
RE. M.B. S. ENTERPRISE CURP. #PO/000027837
To whom IT MAY CONCERN,
I AM A NEW CURPURATION, AND WAS UNAWARE
THAT A YEARLY UBR MUST be Filed each YEAR.
I NEVER RECIEVED the FIRST NOTICE, AND ONLY
when I Recieved A Notice that I had to File
AND The FER WAS NOW \$550 = IS when I became
AWARR. I called the Help Line AT 850-245-6059,
AND EXPLAINED MY SITUATION with AND TO the Yours
LAdy And she told me to send in the \$1500 Fee
with this Letter OF EXPLAINATION THAT I NEVER RICIEVOL.
PRIOR NOTICE. NOW THAT I KNOW THAT THIS IS A
YRARLY REPORT, this will NEVER happen AGAIN, AND WILL
Always be Filed PROMPLY. I hope you will Accept this As
What happened And Accept my SINCERE WISh to
Solve this PRoblem,
+ HANKING YOU,
Salvatore Mancino

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