

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91317 028 ***150.00

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DOCUMENT # P02000084766

1. Entity Name
MBA DESIGNS, INC.



Principal Place of Business
**940 LINCOLN ROAD MALL
226
MIAMI BEACH FL 33139**

Mailing Address
**940 LINCOLN ROAD MALL
226
MIAMI BEACH FL 33139**



2. Principal Place of Business
**2358 SW 132 Terrace
Miramar, FL 33027**

3. Mailing Address
**2358 SW 132 Terrace
Miramar, FL 33027**

Suite, Apt. #, etc.
2358 SW 132 Terrace

☒ CHECK HERE IF MAKING CHANGES

City & State
Miramar, Florida

4. FEI Number
16-1635653

Zip Country
33027 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~**ARAUZ, MARIA B
940 LINCOLN ROAD MALL
226
MIAMI BEACH FL 33139**~~

Name
Maria Portal
Street Address (P.O. Box Number is Not Acceptable)
2358 SW 132 Terrace
City
Miramar FL Zip Code
33027

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 **Maria A. Portal** DATE **4/23/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP ARAUZ, MARIA B 940 LINCOLN ROAD MALL # 226 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP Maria Portal 2358 SW 132 Terrace Miramar, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T ARAUZ, MARIA B 940 LINCOLN ROAD MALL # 226 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T Maria B. Arauz 2358 SW 132 Terrace Miramar, FL 33027	<input checked="" 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
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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

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

SIGNATURE: **MARIA A. PORTAL** DATE **4/23/03** DAYTIME PHONE # **954 450 8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)