

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90074 010 ***158.75

DOCUMENT # P93000013827

1. Entity Name

MBI, INC.

Principal Place of Business

**7243 INTERNATIONAL DRIVE
 ORLANDO FL 32819
 US**

Mailing Address

**9533 WICKHAM WAY
 ORLANDO FL 32836-5525
 US**

2. Principal Place of Business

**6220 South ORT
 Suite, Apt. #, etc.
 Suite 603**

3. Mailing Address

**same
 Suite, Apt. #, etc.**

City & State

Orlando - FL

City & State

same

4. FEI Number

59-3167095

Applied For

Not Applicable

Zip

Country

32809 USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, JOSE
 5381-B HOFFNER AVENUE
 ORLANDO FL 32812**

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

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	CHRISTOPHE, MARIO F	
STREET ADDRESS	9533 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CHRISTOPHE, ISID R	
STREET ADDRESS	9533 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/00

Date

407-858 1560

Daytime Phone #

CR2E034 (9/99)