

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086892

1. Entity Name
MNB, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90066 025 ***150.00

Principal Place of Business
136 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
136 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0541681

Applied For
Not Applicable

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

MCCABE, JOHN PETER ESQ.
265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

Name
ANITA E. MANUEL
Street Address (P.O. Box Number is Not Acceptable)
44 COCOANUT ROW, SUITE T-5
City
PALM BEACH FL Zip Code
33480

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 *Anita E. Manuel*
Signature, typed or printed name of registered agent and title if applicable.

ANITA E. MANUEL

(NOTE: Registered Agent signature required when reinstating)

15 March 2001
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, 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	PT MIZELLE, MICHAEL A 136 NORTH MILITARY TRAIL WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIZELLE, NANCY A 136 NORTH MILITARY TRAIL WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Michael A. Mizelle

MICHAEL A. MIZELLE

3-15-01

561-640-6089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0509138