

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90229 018 \*\*\*150.00

**DOCUMENT # P95000006971**

**1. Entity Name**  
**MBS BENEFIT PLANNING, INC.**



**Principal Place of Business**  
**600 CORPORATE DR**  
**STE-800**  
**FT LAUDERDALE FL 33334**  
**US**

**Mailing Address**  
**600 CORPORATE DR**  
**STE-800**  
**FT LAUDERDALE FL 33334**  
**US**



**2. Principal Place of Business**

**1000 Corporate Dr.**  
**7th Floor**

**City & State**  
**Ft. Lauderdale, FL**

**Zip**  
**33334**

**Country**  
**USA**

**3. Mailing Address**

**1000 Corporate Dr.**  
**7th Floor**

**City & State**  
**Ft. Lauderdale, FL**

**Zip**  
**33334**

**Country**  
**US**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0551906**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVINE, LAWRENCE A**  
**4300 N UNIVERSITY DRIVE**  
**SUITE E-207**  
**FORT LAUDERDALE FL 33351**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHULMAN, KENNETH J</b>	
<b>STREET ADDRESS</b>	<b>600 CORPORATE DRIVE SUITE-820</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL</b>	
<b>TITLE</b>	<b>Schulman, Kenneth</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>1000 Corporate Dr.</b>	
<b>STREET ADDRESS</b>	<b>7th Floor</b>	
<b>CITY-ST-ZIP</b>	<b>Ft. Lauderdale, FL 33334</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Kenneth Schulman**

**Date**

**Daytime Phone #**

**934-4890849**  
**1/23/03**

CR2E034 (10/02)