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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011616

1. Corporation Name

M.B.A. BUSINESS CORD

	OSINESS, CONT.				
Principal Place	of Rusiness	Mailing Address			
Principal Place of Business Mailing Address 950 N. FEDERAL HIGHWAY, SUITE #208 950 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062				رائي در المعاورية - السابق الراب الفارسيين فيروسيد إلى ا	
US	OH FE 33002	US DEROTTE SOOP	•	DO NOT WRITE IN	THIS SPACE
		· · · · · · · · · · · · · · · · · · ·	-	Date Incorporated or Qualifed 02/08/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26 6278 N	PETERAL HWY	/ 65-0564096	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 FT LAUDERI	DALE FL	Trust Fund Contribution	Added to Fees
Zip	Country 25	zip 29 23308	Country 30	This corporation owes the current ye Personal Property Tax.	ear Intangible □ Yes □ No
<u>1</u>	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regist	ered Agent
CANI	TIAGO, JOSE A		81 Name		
	N. FEDERAL HWY., #210		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	PANO BEACH FL 33062		83 6418	S N LEVEL HAY	 #4 3
			84 City /	1 COM E	FL 85 Zip Code 2502
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature require		
12.	OFFICERS AN	nt and site if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE		
12. TITLE NAME	OFFICERS AN CPD SANTIAGO, JOSE A MBA	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		RS AND DIRECTORS IN 12
12. TITLE	OFFICERS AN CPD SANTIAGO, JOSE A MBA 950 N. FEDERAL HIGHWAY, SI	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		RS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AN CPD SANTIAGO, JOSE A MBA	Int and title if applicable. (NOTE: ND DIRECTORS DELETE UITE #208	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		RS AND DIRECTORS IN 12 Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CPD SANTIAGO, JOSE A MBA 950 N. FEDERAL HIGHWAY, SI	Int and title if applicable. (NOTE: ND DIRECTORS DELETE UITE #208	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		RS AND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

DELETE

Daytime Phone #

Date

☐ Change

Addition