

2001 UNIFORM BUSINESS REPORT (UBR)

08-29-2001 90026 011 ***150.00 ✓

DOCUMENT # **P95000022106**
 1. Entity Name
M.S.B. Financial Solutions, Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 OCT 29 AM 10:13

Principal Place of Business
**6592 NW 103rd TERR.
 Parkland, FL 33076**

Mailing Address
**6592 NW 103rd TERR.
 Parkland, FL 33076**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0566551

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

6. Name and Address of Current Registered Agent
**Mark Breiman
 6592 NW 103rd TERR.
 Parkland, FL 33076**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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	Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mark Breiman		STREET ADDRESS		
CITY-ST-ZIP	6592 NW 103rd TERR. Parkland, FL 33076		CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date _____ Daytime Phone # _____

October 26, 2001

Florida Department of State
Division of Corporations
P.O.-Box 6327
Tallahassee, FL 32314

Re: M.S.B. Financial Consultants, Inc.
M.S.B. Financial Solutions Inc.

Dear Revenue Agent,

Please note that the attached letter dated October 19, 2001, is incorrect.

M.S.B. Financial Consultants, Inc. and M.S.B. Financial Solutions Inc. are 2 distinct companies as evidenced by attached corporate inquiries.

There was a mistake made on the document # for M.S.B. Financial Solutions Inc. Its # is P95000022106, not P99000108212.

Please make the adjustment in your records and accept their \$150 annual fee. M.S.B. Financial Solutions Inc. should not be administratively dissolved.

Thank you for your cooperation in this matter.

Yours truly,

Michael Brault
Michael Brault, President
M.S.B. Financial Consultants, Inc.