

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90076 048 ***150.00

DOCUMENT # P95000051519

1. Entity Name
MANAGEMENT & SERVICES CORP. OF USA

Principal Place of Business
**1090-A SUMMIT PLACE CIR.
 WEST PALM BEACH FL 33415**

Mailing Address
**1090-A SUMMIT PLACE CIR.
 WEST PALM BEACH FL 33415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, **7210 Pioneer Lakes Cir**

3. Mailing Address **7210 Pioneer Lakes Cir**

Suite, Apt. #, etc.
W. P. B

Suite, Apt. #, etc.
W. P. B

City & State
FL

City & State
FL

Zip
33413

Country

Zip
33413

Country

4. FEI Number **65-0604619**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARFI, SYED H
 1090-A SUMMIT PLACE CIR.
 WEST PALM BEACH FL 33415**

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 _____ (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, 2002 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 **P** ☒ Delete
 NAME **SHARFI, SYED**
 STREET ADDRESS **1090-A SUMMIT PLACE CIR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PR. SYED SHARFI** ☒ Change ☐ Addition
 NAME **7210 PIONEER LAKES CR.**
 STREET ADDRESS **W. P. B, FL 33413**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 **561/840-4012**
 Date Daytime Phone #

CR2E034 (9/01)