

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91532 033 ***150.00

DOCUMENT # P96000019888

1. Entity Name

MLB ARCHITECTURE, INC.

Principal Place of Business

**1749 NE 15TH ST.
 FT. LAUDERDALE FL 33304**

Mailing Address

**1749 NE 15TH ST.
 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2313 NE 16TH AVE

Suite, Apt. #, etc.

3. Mailing Address

2313 NE 16TH AVE

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

Zip

33305

Country

USA

Zip

33305

Country

USA

4. FEI Number

65-0651436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BOWMAN, MARY L

**1749 NE 15TH ST.
 FT. LAUDERDALE FL 33304**

change of address

7. Name and Address of New Registered Agent

Bowman, Mary Lou

Street Address (P.O. Box Number is Not Acceptable)

2313 NE 16TH AVE

Wilton Manors

FL

Zip Code
33305

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 **MARY LOU BOWMAN**

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

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

4/18/02

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	<input type="checkbox"/> Delete
NAME	BOWMAN, MARY LOU	
STREET ADDRESS	1749 NE 15TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2313 NE 16TH AVE	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARY LOU BOWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (954) 647-2560

Date

Daytime Phone #

CR2E034 (9/01)