

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 96 0000 70587*

Entity Name

M.B.S. INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90756 001 ***317.50

Principal Place of Business Mailing Address
7274 BEDLINGTON ROAD
MIAMI LAKES 33014 *SAME*

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEL Number <i>6307055200</i>	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <i>DOWNS, LOUIS</i> <i>7274 BEDLINGTON ROAD</i> <i>MIAMI LAKES FL 33014</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when resigning)	DATE
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐		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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>PD</i> <i>DOWNS, LOUIS</i> <i>7274 BEDLINGTON ROAD</i> <i>MIAMI LAKES FL 33014</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 lists empowered.

SIGNATURE: *Louis Downs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 345512 0191

CR2ED34 (11/00)