

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90108 014 \*\*\*150.00

**DOCUMENT # P97000052823**

1. Entity Name

**MANAGERIAL ADVISORY SERVICES, INCORPORATED**

Principal Place of Business

**1810 MAPLELEAF BLVD  
 OLDSMAR FL 34677  
 US**

Mailing Address

**1810 MAPLELEAF BLVD  
 OLDSMAR FL 34677  
 US**



2. Principal Place of Business

**524 Lucerne Ave  
 Suite, Apt. #, etc.  
 Tampa FL**

3. Mailing Address

**524 Lucerne Ave  
 Suite, Apt. #, etc.  
 Tampa FL**

City & State

**33606**

City & State

**Tampa FL**

4. FEI Number

**59-3453595**

Applied For

Not Applicable

Zip

Country

**Hillsborough**

Zip

**33606**

Country

**Hillsborough**

Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MUNIZ, CESAR A  
 1810 MAPLELEAF BLVD  
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

**Cesar A Muniz**

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

**524 Lucerne Ave**

City

**Tampa**

FL

Zip Code

**33606**

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, type, or printed name of registered agent and title if applicable.)

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO MUNIZ, CESAR A 1810 MAPLELEAF BLVD OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SHIRLEY, BRENDA L 1810 MAPLELEAF BLVD OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SHIRLEY, BRENDA 1810 MAPLELEAF BLVD. OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>524 LUCERNE AVE TAMPA FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>524 LUCERNE AVE TAMPA . FL 33606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>524 LUCERNE AVE TAMPA . FL 33606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2034 (9/01)