

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90283 010 ***150.00

DOCUMENT # P97000065125

1. Entity Name
MBA INVESTMENTS, INC.



Principal Place of Business
2849 S ORANGE AVE
#300
ORLANDO FL 32806-5403
US

Mailing Address
2849 S ORANGE AVE
#300
ORLANDO FL 32806-5403
US



2. Principal Place of Business

3. Mailing Address

4601 CRANSTON PL **4601 CRANSTON PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

ORLANDO, FL

ORLANDO, FL

4. FEI Number **59-3455623**

Applied For

Not Applicable

Zip **32812** Country **ORANGE** Zip **32812** Country **ORANGE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATIYA, BASIM
4601 CRANSTON PLACE
ORLANDO FL 32812

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ATIYA, BASIM 4601 CRANSTON PL ORLANDO FL 32812 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ATIYA, MUSA 4601 CRANSTON PL ORLANDO FL 32812 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATEYA, MUSA 4601 CRANSTON PL ORLANDO, FL 32812 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

407-282-2356

Daytime Phone #

CR2E034 (10/02)