

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1/2000 10:00 AM

DOCUMENT # P98000034808

1. Entity Name

MANAGEMENT TRAINING AND EDUCATION CONSULTING, IN

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90063 028 \*\*\*150.00

Principal Place of Business

Mailing Address

11402 GIBRALTAR PL  
TAMPA FL 33617

11402 GIBRALTAR PL  
TAMPA FL 33617-2418

2. Principal Place of Business

3. Mailing Address

11402 Gibraltar PL  
Suite, Apt. #, etc.

11402 Gibraltar PL  
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33617

Country

US

Zip

33617

Country

US

4. FEI Number

APPLIED FOR

59-3646446

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASHEED, BARBARA  
11402 GIBRALTAR PL  
TAMPA FL 33667

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

Signature, typed 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, 2000 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 PD  
NAME RASHEED, BARBARA  
STREET ADDRESS 11402 GIBRALTAR PL  
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE VD  
NAME HAYNES, JEFFREY  
STREET ADDRESS 8111 E. GREENWOOD AVE.  
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE TD  
NAME RASHEED, HOWARD  
STREET ADDRESS 11402 GIBRALTAR PL  
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE SD  
NAME RASHEED, CANDACE F  
STREET ADDRESS 602 CORAL GLENN LOOP #104  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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 ☐ 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 RASHEED-HARRIMAN, Candace  
STREET ADDRESS 8008 Lori Ann St  
CITY-ST-ZIP Brandon, FL 33510

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 an officer like empowered.

SIGNATURE: *Barbara Rasheed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-00 813-9848205