

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034808

1. Entity Name

MANAGEMENT TRAINING AND EDUCATION CONSULTING, IN

Principal Place of Business

11402 GIBALTARD PL
TAMPA FL 33617

Mailing Address

11402 GIBALTARD PL
TAMPA FL 33617

2. Principal Place of Business

11402 Gibaltard Pl

3. Mailing Address

11402 Gibaltard Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace FL

City & State

Temple Terrace FL

Zip

33617

Country

Zip

33617

Country

4. FEI Number

59-3646446

Applied For

Not Applicable

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

RASHEED, BARBARA
11402 GIBALTARD PL
TAMPA FL 33667

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RASHEED, BARBARA
STREET ADDRESS 11402 GIBALTARD PL
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE TD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Howard Rasheed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

813-984-8205
Daytime Phone #

CR2E034 (10/00)

P98000034808
766995

Dear Sir/Madame

Please note that the address was incorrect and as a result the notice was mis-mailed and late being delivered.

Rasheed