

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91558 006 ***150.00

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 Gibraltar Pl

3. Mailing Address
11402 Gibraltar Pl

City & State
Temple Terrace FL

City & State
Temple Terrace FL

Zip
33617

Zip
33617

4. FEI Number **59-3646446**

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

6. Name and Address of Current Registered Agent
**RASHEED, BARBARA
 11402 GIBALTARD 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, 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	
TITLE PD	<input type="checkbox"/> Delete
NAME RASHEED, BARBARA	
STREET ADDRESS 11402 GIBALTARD PL	
CITY-ST-ZIP TAMPA FL 33617	
TITLE VD	<input type="checkbox"/> Delete
NAME HAYNES, JEFFREY	
STREET ADDRESS 8111 E. GREENWOOD AVE.	
CITY-ST-ZIP TAMPA FL 33604	
TITLE TD	<input type="checkbox"/> Delete
NAME RASHEED, HOWARD	
STREET ADDRESS 11402 GIBALTARD PL	
CITY-ST-ZIP TAMPA FL 33617	
TITLE SD	<input type="checkbox"/> Delete
NAME RASHEED, CANDACE F	
STREET ADDRESS 602 CORAL GLENN LOOP #104	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Howard Rasheed Howard Rasheed 4/30/01 813-984-8205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

098000034808

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