

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000034808

FILED
Apr 29, 2003
Secretary of State

Entity Name: MANAGEMENT TRAINING AND EDUCATION CONSULTING, INCORPORATED

Current Principal Place of Business:

11402 GIBRATAR PL.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

11402 GIBRATAR PL.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3646446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASHEED, BARBARA
11402 GIBRALTAR PL
TAMPA, FL 33667

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RASHEED, BARBARA
Address: 11402 GIBRALTAR PL
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: HAYNES, JEFFREY
Address: 8111 E. GREENWOOD AVE.
City-St-Zip: TAMPA, FL 33604

Title: PD () Delete
Name: RASHEED, HOWARD
Address: 11402 GIBRALTAR PL
City-St-Zip: TAMPA, FL 33617

Title: SD () Delete
Name: RASHEED, CANDACE F
Address: 602 CORAL GLENN LOOP #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD RASHEED, PH.D.

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date