

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90010 007 ***150.00

DOCUMENT # P98000067609

1. Entity Name

MANAGEMENT DEVELOPMENT INSTITUTE, INC.

Principal Place of Business

Mailing Address

**16119 SW 11 ST
PENBROKE PINES FL 33027
US****16119 SW 11 ST
PENBROKE PINES FL 33027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2113129**

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

**GARBELLA, GINA
16119 SW 11 ST
PENBROKE PINES FL 33023**Name **GARDELLA GINA**

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

SAME**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD		<input type="checkbox"/> Delete		PSD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	GARBELLA, GINA	16119 SW 11 ST	PENBROKE PINES FL 33027		GARDELLA, GINA	16119 SW 11 ST	PENBROKE PINES FL 33027
	VPD		<input checked="" type="checkbox"/> Delete		VPD - T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	FRIDMAN, JENNY	16119 SW 11 ST	PENBROKE PINES FL 33027		SALAMANCA MARIA E.	16119 SW 11 ST	PENBROKE PINES FL 33027
	TD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SALANIANCA, MARIA E	16119 SW 11ST	PENBROKE PINES FL 33027				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GINA GARDELLA

Date

Daytime Phone #

4-26-01 954443 7892

CR2E034 (10/00)