

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000052208

1. Entity Name
MLANCE, INC.

FILED

00 NOV -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 6897 N.W. 32 nd STREET Suite, Apt. #, etc.	3. Mailing Address 90 ALBERT WILEY JR. CO. Suite, Apt. #, etc. P.O. Box 71
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DO NOT WRITE IN THIS SPACE

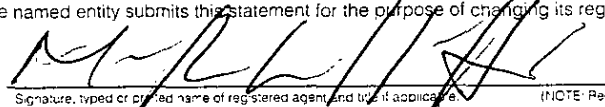
City & State MARGATE FL	City & State RICH BORO PA
Zip 33063	Zip 18954
Country BROWARD	Country BUCKS

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RITTER, GREGORY J. 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON, FL 33433
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 type if applicable. (NOTE: Registered Agent signature required when re-registering)
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p>FILE NOW!!! FEE IS \$550.00</p> <p>After SEPTEMBER 13, 2000 Min. will be \$750.00</p> <p>Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	LANCELLOTTI, MICHAEL
STREET ADDRESS	6897 N.W. 32 nd STREET
CITY-STATE-ZIP	MARGATE FL 33063
TITLE	DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	LANCELLOTTI, ANGELO
STREET ADDRESS	2 WINDING WAY
CITY-STATE-ZIP	IRVING PA 18974
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS PAOLINO
STREET ADDRESS	2626 DELMAR PLACE
CITY-STATE-ZIP	FT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: MICHAEL LANCELLOTTI 10-23-00 954-968-4396

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Albert Wiley, Jr. & Co. PC

Nancy Doll Chaney, CPA

854 Second Street Pike, P. O. Box 71, Richboro, PA 18954

Albert Wiley, Jr., PA

Telephone - 215-355-1982

Fax - 215-357-2489

October 23, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # P99000052208

Mlance, Inc.

6897 N. W. 32nd Street

Margate, FL 33063

Dear Sir:

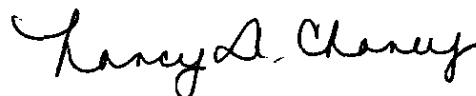
Enclosed please find our completed form 2000 Uniform Business Report for the above named company. Please be advised that we are filing on this replacement form in that we never received the original form for filing. Enclosed please find a check in the amount of \$150.00 to update our status to active.

We are the accountants for the above referenced company and would appreciate it if you would forward all filing forms to the following address so they are filed timely in the future.

Albert Wiley, Jr. & Co., PC
P.O. Box 71
Richboro, PA 18954

If you have any questions regarding the above or the attached form 2000, please do not hesitate to contact me.

Sincerely,



Nancy D. Chaney, CPA