

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055821

1. Entity Name

MANAGEMENT AND TECHNICAL SERVICES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 021 ***150.00

Principal Place of Business

9490 NORTHWEST 20TH PLACE
 SUNRISE FL 33322

Mailing Address

1844 NORTH NOB HILL ROAD
 SUITE 189
 PLANTATION FL 33322-6548

2. Principal Place of Business

1261 SE. 5 Ave
 Suite, Apt. #, etc.

3. Mailing Address

1261 SE. 5 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

City & State

Pompano Beach

4. FEI Number

65-0928964

Applied For

Not Applicable

Zip

Country

33060 US

Zip

Country

33060 US

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Lorraine Lenoff
 1261 SE 5 Ave
 Pompano Beach, FL
 33060

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 fee, 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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	LENOFF, LORRAYNE	
STREET ADDRESS	9490 NORTHWEST 20TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)