

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000108683

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: M.B.A. PHARMACEUTICALS, INC.

## Current Principal Place of Business:

4406 EXCHANGE AVENUE  
SUITE 119  
NAPLES, FL 34104

## New Principal Place of Business:

4584 ENTERPRISE AVE  
B1  
NAPLES, FL 34104

## Current Mailing Address:

4406 EXCHANGE AVENUE  
SUITE 119  
NAPLES, FL 34104

## New Mailing Address:

4584 ENTERPRISE AVE  
B1  
NAPLES, FL 34104

FEI Number: 59-3617197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELLECAVE, JOHN C  
4406 EXCHANGE AVENUE  
SUITE 119  
NAPLES, FL 34104

## Name and Address of New Registered Agent:

DELLECAVE, JOHN C  
4584 ENTERPRISE AVE  
B1  
NAPLES, FL 34104

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:

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DELLECAVE, JOHN C  
Address: 4406 EXCHANGE AVENUE, SUITE 119  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DELLECAVE, JOHN C  
Address: 4584 ENTERPRISE AVE B1  
City-St-Zip: NAPLES, FL 34104

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: JOHN C. DELLECAVE

MR.

04/29/2003

Electronic Signature of Signing Officer or Director

Date