

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000057

1. Entity Name

MPG INTERNATIONAL LLC

9/28/01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 PM 1:30

Principal Place of Business

17842 S.W. 107 AVENUE, SUITE 25  
MIAMI FL 33157

Mailing Address

17842 S.W. 107 AVENUE, SUITE 25  
MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0904195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J  
~~3850 S.W. 87TH AVENUE, SUITE 207~~  
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent

Name PARLADE, ALBERTO J  
Street Address (P.O. Box Number is Not Acceptable)  
7050 SW 86 AVE.  
City MIAMI FL 33143

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

4 OCT 01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

300004636039--3  
-10/15/01--01033--006  
\*\*\*\*150.00 \*\*\*\*150.00

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GONZALEZ, LUIS M<br>17842 S.W. 107 AVENUE, SUITE 25<br>MIAMI FL 33157  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>GONZALEZ, VIRGINIA<br>17842 S.W. 107 AVENUE, SUITE 25<br>MIAMI FL 33157 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MCEVOY, ROBERT<br>17842 S.W. 107 AVENUE, SUITE 25<br>MIAMI FL 33157    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>MCEVOY, LUCY<br>17842 S.W. 107 AVENUE, SUITE 25<br>MIAMI FL 33157       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEREZ, JULIO M<br>17842 S.W. 107 AVENUE, SUITE 25<br>MIAMI FL 33157    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Rein - \$100.00<br>2001 - 50.00<br>150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT 2001

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4 OCT 01 305 971-3060

CR2E083 (5/01)