## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an ade

SIGNATURE:

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000063851 1. Entity Name M P DESIGN SERVICES INC. 05-14-2001 90038 021 \*\*\*150.00 Principal Place of Business Mailing Address 4570 S.W. 151 PLACE 4570 S.W. 151 PLACE MIAMI FL 33185 HAMI-FL 33185 2. Principal Place of Business 800 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 121 City & State 4. FEI Number Applied For 020027 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired 33012 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAZOS, MARIO Street Address (P.O. Box Number is Not Acceptable) 4570 S.W. 151 PLACE MIAMI FL 33185 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE FERNANDEZ, ELDA NAME NAME STREET ADDRESS 4570 S.W. 151 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33185** VD. ☐ Delete Change ☐ Addition TITLE TITLE PAZOS, MARIO NAME NAME STREET ADDRESS 4570 S.W. 151 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **MIAMI FL 33185** Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CER OR DIRECTOR