FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90435 031 ***150.00

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DOCUMENT # P94000024367

1. Entity Name
M.D.P. Engineering Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1966 Timberline Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston Florida	City & State: "
Zip: 33327 Country: Broward	Zip: " Country: "

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mario DiPietro

Street Address (P.O. Box Number is Not Acceptable): 1966 Timberline Rd

City: Westan FL Zip Code: 33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Mario DiPietro Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Mario DiPietro Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Mario DiPietro Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres Mario DiPietro Same
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/3/03 954 306-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #