

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90008 041 ***158.75

DOCUMENT # V44262

1. Entity Name

MHPC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**ONE HERALD PLAZA
 MIAMI FL 33132-1693**

**KNIGHT RIDDER TAX
 50 W SAN FERNANDO ST STE 1500
 SAN JOSE CA 95113-2434
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0397285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

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 title if 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBARGUEN, ALBERTO	NAME	
STREET ADDRESS	ONE HERALD PLAZA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	33132
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, ALVAH H JR	NAME	
STREET ADDRESS	ONE HERALD PLAZA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	33132
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, MARY JEAN	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROSS	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSWIRTH, LYNDA	NAME	AVP
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFON, POLK	NAME	LAFFON, POLK
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	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: *Lynda Hauswirth* **FEB 14 2000** **408-938-7745**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #