

# 2000 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT #449007

1. Entity Name  
M.V.P. Investment Corporation

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -1 AM 10:09

Principal Place of Business  
1101 Brickell Avenue  
Suite 401  
Miami, FL 33131

Mailing Address  
1101 Brickell Avenue  
Suite 301-S  
Miami, FL 33131

2. Principal Place of Business  
1101 Brickell Avenue

3. Mailing Address

Suite, Apt. #, etc.  
Suite 301-S

Suite, Apt. #, etc.

City & State  
Miami, FL 33131

City & State

4. FEI Number  
59-1596071

Applied For  
Not Applicable

Zip  
33131

Country  
USA

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

Bailey, C.W.  
1101 Brickell Avenue  
Suite 301-S  
Miami, FL 33131

Name  
Louis Stinson, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
4675 Ponce de Leon Blvd. Suite 305

City  
Coral Gables FL 33146

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

11/6/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ana Estrada 1101 Brickell Ave, Suite 301-S Miami, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/AS Director Louis Stinson, Jr. 4675 Ponce de Leon Blvd. #305 Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Director L. Grant Peeples 200 South Biscayne Blvd., Suite 4900 Miami, FL 33131-2310 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Truman A. Skinner 4675 Ponce de Leon Blvd. #305 Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003500515--1 -12/13/00--01108--014 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/00 305-667-7571

CR2E034 (9/99)