

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90034 032 \*\*\*150.00

**DOCUMENT # 236015**

1. Entity Name

**M P & C FINANCIAL COMPANY**

Principal Place of Business

**340 ROYAL POINCIANA WAY  
 SUITE 316  
 PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA WAY  
 SUITE 316  
 WEST PALM BEACH FLA 33480**

2. Principal Place of Business

**One North Clematis St.**

Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address

**One North Clematis St.**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

6. Name and Address of Current Registered Agent

**TABERNILLA, ARMANDO A  
 340 ROYAL POINCIANA WAY  
 STE-316  
 PALM BEACH FL 33480**

4. FEI Number

**59-0901853**

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 New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

**One North Clematis St.**

Suite 200

City

**FL**

Zip Code

**33401**

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, 2002 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	<b>V HERNANDEZ, OSCAR R. 340 ROYAL POINCIANA WAY, STE 316 PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAS CARSON, DONALD W. 340 ROYAL POINCIANAWAY, STE 316 PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY, STE 316 PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT VALDIVESO, ROLANDO 340 ROYAL POINCIANA WAY, STE 316 PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BLOMQUIST, ERIK J 340 ROYAL POINCIANA WAY. SUITE 316 PALM BEACH FL 33480</b>	<input checked="" 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	<b>SEE ATTACHED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:**

*Armando A. Tabernilla*

**Armando A. Tabernilla 3/4/02 561-655-6303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**ATTACHMENT TO  
PROFIT  
2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 236015 (1)**

1. Corporation Name

**MP & C FINANCIAL COMPANY**

425369

**CONTINUED ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN**

TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	VT Blomqvist, Erik J. One North Clematis St., Suite 200 West Palm Beach, Florida 33401
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D/P/AS Carson, Donald W. One North Clematis St., Suite 200 West Palm Beach, Florida 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Recio, Alberto S. One North Clematis St., Suite 200 West Palm Beach, Florida 33401
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	DVS Tabernilla, Armando A. One North Clematis St., Suite 200 West Palm Beach, Florida 33401
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	V Hernandez, Oscar R. One North Clematis St., Suite 200 West Palm Beach, Florida 33401
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	AT Valdivieso, Rolando G. One North Clematis St., Suite 200 West Palm Beach, Florida 33401