

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90083 050 ***150.00

DOCUMENT # 449007

1. Entity Name
M.V.P. INVESTMENT CORPORATION



Principal Place of Business
**445 GREEN BAY DR #801
KEY BISCAYNE FL 33149**

Mailing Address
**1001 BRICKELL BAY DR.
SUITE 1400
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1596071**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STINSON, LOUIS
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146**

Name **LOUIS STINSON**
Street Address (P.O. Box Number is Not Acceptable)
**2199 PONCE DE LEON BLVD
Suite 301**
City **Coral Gables** FL **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STINSON, LOUIS**
STREET ADDRESS **4675 PONCE DE LEON BLVD #305**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **P** ☒ Change ☐ Addition
NAME **STINSON, LOUIS**
STREET ADDRESS **2199 PONCE DE LEON BLVD, STE: 301**
CITY-ST-ZIP **MERRICK PLAZA, CORAL GABLES, FL 33134**

TITLE **VS** ☐ Delete
NAME **SKINNER, TRUMAN A**
STREET ADDRESS **4675 PONCE DE LEON BLVD #305**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VS** ☒ Change ☐ Addition
NAME **SKINNER, TRUMAN. A**
STREET ADDRESS **2199 PONCE DE LEON BLVD, STE: 301**
CITY-ST-ZIP **MERRICK PLAZA, CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 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 #

1/15/03 305-444-8807

CP2ED34 (10/02)