

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 236015

1. Entity Name
M P & C FINANCIAL COMPANY



Principal Place of Business
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH FL 33401
US

Mailing Address
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH FL 33401
US

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 59-0901853

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

TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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. 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

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

| | | |
|----------------|---------------------------------|--|
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | BLOMQUIST, ERIK | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | DPAS | <input type="checkbox"/> Delete |
| NAME | CARSON, DONALD W. | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | TABERNILLA, ARMANDO A | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | VALDIVIESO, ROLANDO | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RECIO, ALBERTO S | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | VALDIVIESO, ROLANDO G | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

← Duplicate
Entry

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, OSCAR R. | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST., STE 200 | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Armando A. Tabernilla, VP 3/5/03 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (10/02)