

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000060580**

1. Entity Name

**MS VARIETIES & PRODUCTS, INC.**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91900 036 \*\*\*150.00

Principal Place of Business

Mailing Address

**541 E. SAMPLE RD.**

**541 E. SAMPLE RD.**

**POMPANO BCH FL 33064**

**POMPANO BCH FL 33064**

2. Principal Place of Business

**3275 N FEDERAL HWY**

3. Mailing Address

**3275 N FEDERAL HWY**

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

**POMPANO BCH, FL**

City & State

**POMPANO BCH, FL**

Zip

**33064**

Country

Zip

**33067**

Country

4. FEI Number

**04-3670693**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**X HOUSE CORPORATION**  
**3929 N. FEDERAL HWY.**  
**POMPANO BCH FL 33064**

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 \_\_\_\_\_ DATE **04/29/03**

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, 2003 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILVA, MARLENE S 11535 WHISPER SOUND DR. BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILVA, JOSE RODRIGUEZ 11535 WHISPER SOUND DR. BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SILVA, JOSE RODRIGUEZ 11535 WHISPER SOUND DR. BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/03**

Date

**1-508-335-3201**

Daytime Phone #