

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

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

7. Name and Address of New Registered Agent

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 P
NAME Ana Estrada
STREET ADDRESS 1101 Brickell Ave, Suite 301-S
CITY-ST-ZIP Miami, FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/AS Director
NAME Louis Stinson, Jr.
STREET ADDRESS 4675 Ponce de Leon Blvd. #305
CITY-ST-ZIP Coral Gables, FL 33146 ☐ Change ☒ Addition

TITLE VP Director
NAME L. Grant Peeples
STREET ADDRESS 200 South Biscayne Blvd., Suite 4900
CITY-ST-ZIP Miami, FL 33131-2310 ☐ Change ☒ Addition

TITLE VP/S
NAME Truman A. Skinner
STREET ADDRESS 4675 Ponce de Leon Blvd. #305
CITY-ST-ZIP Coral Gables, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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)