

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0291374 AV

DOCUMENT # 449007

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

03-29-2002 90831 011 ***150.00

Principal Place of Business 1101 BRICKELL AVENUE SUITE 301-S MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 301-S MIAMI FL 33131
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2. Principal Place of Business 445 GRAND BAY DR. # 801	3. Mailing Address 1001 BRICKELL BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1400

DO NOT WRITE IN THIS SPACE

City & State KEY BISCAYNE, FL	City & State Miami, FL
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4. FEI Number 59-1596071	Applied For <input type="checkbox"/> Not Applicable
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Zip 33149	Country VSA	Zip 33131	Country Dade
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**STINSON, LOUIS
 4675 PONCE DE LEON BLVD
 SUITE 305
 CORAL GABLES FL 33146**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input type="checkbox"/> Delete
NAME STINSON, LOUIS	
STREET ADDRESS 1101 BRICKELL AVE #301- S	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VS	<input type="checkbox"/> Delete
NAME SKINNER, TRUMAN A	
STREET ADDRESS 4675 PONCE DE LEON BLVD #305	
CITY-ST-ZIP CORAL GABLES FL 33146	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Stinson, Louis	
STREET ADDRESS 4675 Ponce de Leon Boulevard #305	
CITY-ST-ZIP Coral Gables, FL 33146	
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	

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]* **REQUIRED** 3/19/02 305-667-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)