

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000005534**

1. Entity Name

MP AT DP, INC.
MP AT DP INC



FILED

03 JUL 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

Mailing Address
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1949838**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$3.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **RUBIN, MICHAEL D**
STREET ADDRESS **5454 WISCONSIN AVENUE, SUITE 1265**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **100022166111**
STREET ADDRESS **08/08/03--01038--018** ****\$150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(b), 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

7/11/03

301 951-8811

Date

Signature Phone #

CAPITOL INVESTMENT ASSOCIATES CORPORATION

5454 WISCONSIN AVENUE
SUITE 1265
CHEVY CHASE, MARYLAND 20815
(301) 951-8811 ☐ FAX (301) 951-3585

July 25, 2003

Secretary of State
State of Florida
Division of Corporations
406 E. Gaines Street
Tallahassee FL 32399

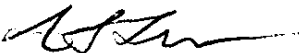
Subject: Replacement 2003 Uniform Business Report and Check
MP at DP Inc.

Dear Sir or Madam:

Earlier this month we sent in the 2003 Uniform Business Reports together with a check for \$550. This included a penalty of \$400. However as we had not received this report before, we would like to request that the penalty be waived. In order to expedite this process, we have stopped payment on the original check and hereby submit a copy of the report and a check in the amount of \$150.

Please call me at 301-951-8811 x 19 if you need any further information.

Sincerely,



Lester S. Steinfeld
Chief Financial Officer