

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90055 049 ***150.00

DOCUMENT # K97602

1. Entity Name

MPK DEVELOPMENT, INC.

Principal Place of Business

**C/O MITCHELL P. KASS
 902 S.E. 8TH STREET
 FORT LAUDERDALE FL 33316**

Mailing Address

**C/O MITCHELL P. KASS
 902 S.E. 8TH STREET
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

1010 Seminole Dr.

Suite, Apt. #, etc.

Apt. 1602

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Address

1010 Seminole Dr.

Suite, Apt. #, etc.

Apt. 1602

City & State

Ft. Lauderdale FL

Zip

33304

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0130671

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KASS, MITCHELL P.
 902 S.E. 8TH STREET
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

1010 Seminole Dr. #1602

City

Ft. Lauderdale

FL

Zip Code

33304

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

3/15/02

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 **PD** ☐ Delete
 NAME **KASS, MITCHELL P.**
 STREET ADDRESS **902 S.E. 8TH ST.**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VSD** ☐ Delete
 NAME **KASS, HARVEY**
 STREET ADDRESS **11 COMPASS LANE**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1010 Seminole Dr. #1602**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

954-485-3535

Date

Daytime Phone #

CR2E034 (9/01)