

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000302

1. Entity Name

MPE Investments, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

17781 SW 112 Place

3. Mailing Address

c/o MARIA Etienne

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 162625

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

USA

Zip

33116

Country

USA

4. FEI Number

65-0981961

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RON CORDON, Esq.  
CORDON LAW OFFICES  
335 NW 54 Street  
MIAMI, FL 33127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE: MANAGER / Member  
NAME: MARIA-PAULA C. Etienne  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
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TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 17781 SW 112 PLACE  
CITY-ST-ZIP: MIAMI, FL 33157

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MARIA-PAULA C. Etienne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/17/2001 (786) 777-8031

Date

Daytime Phone

CR2E083 (11/00)