

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008217

1. Entity Name  
M.P.C. ENTERPRISES, LLC

Principal Place of Business

5402 NW 72 AVE.  
MIAMI FL 33166

Mailing Address

5402 NW 72 AVE.  
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARRERO, ORTIZ  
8306 NW 142 ST  
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name **RICO'S FINANCIAL GROUP**

Street Address (P.O. Box Number is Not Acceptable)  
**8306 NW 142 ST.**

ATTN: **RICO ORTIZ**

City **MIAMI**

FL

Zip Code **33016**

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)

**RICO ORTIZ**

**3/13/01**

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE **MANAGING MEMBER** ☒ Delete  
NAME **ANISHA LEE ORTIZ**  
STREET ADDRESS **8306 NW 142 ST.**  
CITY-ST-ZIP **MIAMI, FL 33016**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **LUIS CAMELO**  
STREET ADDRESS **4793 E. 10 CT.**  
CITY-ST-ZIP **HALEAH, FL 33013**

TITLE **MEMBER** ☐ Change ☒ Addition  
NAME **ANISHA ORTIZ**  
STREET ADDRESS **8306 NW 142 ST.**  
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

**ANISHA ORTIZ** **3/13/01**

FILED  
01 MAR 19 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1018833**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

0010623 AF

CR2E083 (11/00)