

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90957 035 ****50.00

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

4950 E. 10 AVE.

Suite, Apt. #, etc.

3. Mailing Address

4950 E. 10 AVE.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

Zip

33013

Country

U.S.A.

Zip

33013

Country

U.S.A.

4. FEI Number

65-1018833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RICO'S FINANCIAL GROUP
 8306 NW 142 ST
 MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name **RICO ORTIZ**

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

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)

DATE **2/25/02**

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME **MGRM** ☐ Delete
 STREET ADDRESS **CAMELO, LUIS**
 CITY-ST-ZIP **4793 E. 10 COURT
 HIALEAH FL 33013**

TITLE
 NAME **MEM** ☒ Delete
 STREET ADDRESS **ORTIZ, ANISNA**
 CITY-ST-ZIP **8306 NW 142ND STREET
 MIAMI FL 33016**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 OF MANAGING MEMBER

2/25/02 (305)688-1261

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

Date

Daytime Phone #

CR2E083 (9/01)

0010871