

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90697 006 \*\*\*\*50.00

**DOCUMENT# L00000008217**

1. Entity Name

**M.P.C. ENTERPRISES, LLC**



Principal Place of Business

**4950 E 10TH AVENUE  
HIALEAH FL 33013**

Mailing Address

**4950 E 10TH AVENUE  
HIALEAH FL 33013**

**55051666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**ORTIZ, RICO  
8308 NW 142 ST  
MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name **Don Gonzalez P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1820 N. Corporate Lakes Blvd.**  
**Suite 201**  
City **Weston, FL** Zip Code **33326**

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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

**5-29-03**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAMELO, LUIS 4793 E. 10 COURT HIALEAH FL 33013</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

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

Date

Daytime Phone #

**6/16/03**

CR2E083 (10/02)

Attachment

55051664  
# 100000008217

TRAVELERS EXPRESS COMPANY, INC. DRAWER  
P.O. BOX 9476  
MINNEAPOLIS, MN 55414  
1-800-542-3590

78 (Rev) 7/00/14000

8779538490	08/01/2003
128 YN	\$50.00
77616000610006	42

PLEASE SEE TERMS ON REVERSE SIDE

87795384908

EMPLOYEE

KEEP THIS SLIP FOR YOUR RECORDS

▼ DETACH HERE ▼

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MGR