

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90005 031 ****50.00

DOCUMENT # L01000020326

1. Entity Name

MPA FINANCIAL LLC

Principal Place of Business

**701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
STE. 240

City & State

CORAL GABLES, FL 33134

Zip

Country

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
STE. 240

City & State

CORAL GABLES, FL 33134

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1155332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

GABRIEL PRATS, CPA

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

2121 PONCE DE LEON BLVD.

STE. 240

City

CORAL GABLES,

FL

Zip Code

33134

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

03-27-02

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
 NAME **MANUEL R. MANOTAS**
 STREET ADDRESS **90 S.W. 8 ST. - Ste. 203**
 CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **TREASURER** ☐ Delete
 NAME **GABRIEL PRATS**
 STREET ADDRESS **2121 PONCE DE LEON BLVD #240**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **SECRETARY** ☐ Delete
 NAME **JORGE AREVALO**
 STREET ADDRESS **1933 NE 148 ST.**
 CITY-ST-ZIP **NORTH MIAMI, FL 33181**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 REQUIRED Gabriel Prats

03-27-02

305-372-3444

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

Date

Daytime Phone #

CR2E083 (9/01)