

2000 UNIFORM BUSINESS REPORT (UBR)

0812233

DOCUMENT # L33484

1. Entity Name
MPI GROUP (FLORIDA) INC.

FILED

00 FEB 11 AM 10:19

Principal Place of Business
CHURCH ST.
SUITE 200
ONTARIO CA M5E1W-1

Mailing Address
11 CHURCH ST.
SUITE 200
TORONTO ONTARIO CA M5E1W

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 CHURCH STREET
Suite, Apt. #, etc.
SUITE 200
City & State
TORONTO, ON
Zip
M5E 1W1
Country
CAN

3. Mailing Address
11 CHURCH STREET
Suite, Apt. #, etc.
SUITE 200
City & State
TORONTO, ON
Zip
M5E 1W1
Country
CAN

4. FEI Number
98-0113221
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, RALPH SR.
12553 LAKE UNDERHILL DRIVE
ORLANDO FL 32828

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YAZDI, BHARUCHA 11 CHURCH ST STE 200 TORONTO, ONTARIO CA M5E- 1W1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACOBSON, RUSSELE 11 CHURCH ST. STE. 200 TORONTO, ONTARIO CA M5E- 1W1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWERS, THOMAS E 11 CHURCH ST STE 200 TORONTO ON M5E- 1W1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEIN, MICHAEL 11 CHURCH STREET, STE 200 TORONTO ON M5E- 1W1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPSD STEIN, MICHAEL 11 CHURCH STREET, STE 200 TOTONTO ON M5E- 1W1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACOBSON, RUSSELL 11 CHURCH ST., STE-200 TORONTO, ON M5E 1W1	<input checked="" 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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attached statement of address, with all other like empowered.

SIGNATURE: THOMAS E. POWERS FEB 4, 2000 (416) 861-5787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)