

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90088 042 ***150.00

DOCUMENT # L33484

1. Entity Name

MPI GROUP (FLORIDA) INC.

Principal Place of Business

**11 CHURCH ST.
SUITE 200
TORONTO ONTARIO CA M5E1W-1**

Mailing Address

**11 CHURCH ST.
SUITE 200
TORONTO ONTARIO CA M5E1W-1**

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 **98-0113221**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RALPH SR.
12553 LAKE UNDERHILL DRIVE
ORLANDO FL 32828**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. POWERS

Date

Feb 19, 2001

Daytime Phone #

416-861-5787

CR2E034 (10/00)