

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91454 006 ***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**

☐ CHECK HERE IF MAKING CHANGES

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 **SMITH RALPH SR.**

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

6003 RIVERSIDE DRIVE

City **YANKEETOWN**

FL

Zip Code **34498**

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]*
Signature, typed or printed name of registered agent, and title if applicable.

RALPH SMITH
(NOTE: Registered Agent signature required when reinstating)

4/23/03
DATE

*** FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **YAZDI, BHARUCHA**
CITY-ST-ZIP **11 CHURCH ST STE 200
TORONTO, ONTARIO CA M5E- 1W1**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **JACOBSON, RUSSELL**
CITY-ST-ZIP **11 CHURCH ST. STE. 200
TORONTO, ONTARIO CA M5E- 1W1**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **POWERS, THOMAS E.**
CITY-ST-ZIP **11 CHURCH ST STE 200
TORONTO ON M5E- 1W1**

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

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **STEIN, MICHAEL**
CITY-ST-ZIP **11 CHURCH STREET, STE 200
TORONTO ON M5E- 1W1**

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

TITLE ☐ Delete
NAME **CPSD**
STREET ADDRESS **STEIN, MICHAEL**
CITY-ST-ZIP **11 CHURCH STREET, STE 200
TOTONTO ON M5E- 1W1**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 2003
Date

416 861 5787
Daytime Phone #

CR2E034 (10/02)