

2001 UNIFORM BUSINESS REPORT (UBR)

014120 AF

DOCUMENT # L99000006624

1. Entity Name

MP TELECOMMUNICATIONS GROUP, LLC

FILED

01 JUN 28 AM 8:47

Principal Place of Business

17248 GULF PINE CIRCLE
WELLINGTON FL 33414

Mailing Address 12230 Forest Hill Blvd.

17248 GULF PINE CIRCLE
WELLINGTON FL 33414

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12230 Forest Hill Blvd

3. Mailing Address

SAME

Suite/Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

City & State

City & State

WELLINGTON FL

4. FEI Number

65-0954150

Applied For

Not Applicable

Zip
33414

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAQUIN, WILLIAM A

17248 GULF PINE CIRCLE
WELLINGTON FL 33414

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

W. Paquin

25 June 2001

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAQUIN, WILLIAM
17248 GULF PINE CIRCLE
WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MALLON, DENNIS J
2754 LIKSIDR
WELLINGTON FL 33414 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

W. Paquin

25 June 2001

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

Date

Daytime Phone #

CR2E083 (11/00)