

05-22-2001 90014 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033370		Secretary of State	
1. Entity Name		05-22-2001 90014 023 ***150.00	
MPM DESIGN, CORP.			
Principal Place of Business		Mailing Address	
5900 NW 68 TER		SAME	
TAMARAC, FL 33321			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number		Applied For	
65-0999003		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	
PAULO CESAR MARTINS		Name	
5900 NW 68 TER.		Street Address (P.O. Box Number is Not Acceptable)	
TAMARAC, FL 33321		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: Paulo Martins (PAULO MARTINS)		06/15/01	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renouncing)	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PAULO CESAR MARTINS 5900 NW 68 TER. TAMARAC FL 33321			
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete		Change 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 attachment with an address, with all other like empowered.			
SIGNATURE: Paulo Martins		06/28/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			