

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 026 ***150.00

DOCUMENT # P000000 38370

1. Entity Name

MPM DESIGN CORP.

DO NOT WRITE IN THIS SPACE

00000000

2. Principal Place of Business

6400 N.E. 18TH AVE #5
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0999003

Applied For

☐ Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PAULO CESAR MOTA MARTINS

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

6400 NE 18TH AVE #5

City

FT. LAUDERDALE

State

FL

Zip

33334

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 C. Mota Martins

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

PAULO C. MOTA MARTINS, PRESIDENT 3/25/02

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP

PST
PAULO CESAR MOTA MARTINS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

NEW ADDRESS
6400 NE 18TH AVE. #5
FT. LAUDERDALE, FL 33334

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paulo C. Mota Martins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAULO C. MOTA MARTINS

3/25/02 954/644 1666

CR2E034B (12/01)