


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90215 019 ***150.00

0369610 AV

DOCUMENT # P00000038370
1. Entity Name
MPM DESIGN, CORP.



Principal Place of Business
6400 NE 18TH SUITE 5
FORT LAUDERDALE FL 33334

Mailing Address
6400 NE 18TH SUITE 5
FORT LAUDERDALE FL 33334



2. Principal Place of Business
3300 N. Fort Royale

3. Mailing Address
Suite, Apt. #, etc.
324

City & State
Fort Lauderdale - FL

City & State

Zip
33308

Country
US

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0999003** Applied For
Not Applicable

6. Name and Address of Current Registered Agent
MARTINS, PAULO CESAR M
6400 NE 18TH AVE SUITE 5
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name **Martins, Paulo Cesar M.**
Street Address (P.O. Box Number is Not Acceptable)
3300 N. Fort Royale # 324
City **Fort Lauderdale** **FL** Zip Code **33308**

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 *Paulo Martins* DATE 04/27/2003
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PST MOTA MARTINS, PAULO CESAR 6900 NE 18TH AVE SUITE 5 FORT LAUDERDALE FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Paulo Martins* **REQUIRED** DATE: 04/27/2003 (954) 938-8397
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/02)