

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072280

1. Entity Name

MP TEAM MANAGEMENT, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90042 043 \*\*\*150.00

Principal Place of Business

7387 NW 54TH STREET  
MIAMI FL 33166

Mailing Address

7387 NW 54TH STREET  
MIAMI FL 33166

2. Principal Place of Business

7247 NW 54 Street

3. Mailing Address

7247 NW 54 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLorida

City & State

Miami FLorida

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1033464

Applied For

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

MATOS, ANTONIO

7387 NW 54TH STREET  
MIAMI FL 33166

Name

MATOS, ANTONIO

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

7247 NW 54 Street

City

Miami

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MATOS, ANTONIO  
CITY-ST-ZIP 7387 NW 54TH STREET  
MIAMI FL 33166

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MATOS, ANTONIO  
CITY-ST-ZIP 7247 NW 54 Street  
Miami FL 33166

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARIN, PATRICE  
CITY-ST-ZIP 18851 SW 294TH TERRACE  
HOMESTEAD FL 33030

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MARIN, PATRICE DIAZ  
CITY-ST-ZIP 7247 NW 54 Street  
Miami FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS DAVID, JEAN  
CITY-ST-ZIP 440 SE 20 Lane  
Homestead FL 33033

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 live employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 3058050650

CR2E034 (10/00)