

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90112 034 \*\*\*150.00

015913 AT

<b>DOCUMENT #</b>	<b>P00000096194</b>
1. Entity Name <b>MPIM CORPORATION</b>	

Principal Place of Business <b>P.O. BOX 85005 HALLANDALE BEACH FL 33008</b>	Mailing Address <b>P.O. BOX 85005 HALLANDALE BEACH FL 33008</b>
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**A0076815**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>IVANOVSKI, MAGDALENE 437 GOLDEN ISLES DRIVE SUITE 11B HALLANDALE FL 33009</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

**SIGNATURE:** M. G. Ivanovski **07-03-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment  
A0076815

July 03,2001

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DOC.# P00000096194

TO WHOM IT MAY CONCERN;

DEAR SIRS,

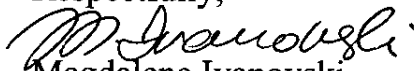
We have mailed the original "2001 Uniform Business Report" on February 24<sup>th</sup>,2001, along with a check for \$ 150.00 payable to the Department of State - check # 1515.(Enclosed are copies of the check,deposit slip and the Report- from our records ). – Exhibits- "A", "B",and "C".  
For some reason, the check has never cleared .

Please, accept the replacement check for \$ 150 and the "2001 Uniform Business Report".

Since we mailed the previous report on time, please waive any late fees,since we do not know what happened to our original report and the check.

We appreciate you taking care of this matter at your earliest convinience.  
Thank you in advance.

Respectfully,

  
Magdalene Ivanovski

President

07-03-2001

Tel. 954-646-2573

Fax.954-454-8258

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096194

1. Entity Name

MPIM CORPORATION

Principal Place of Business

P.O. BOX 85005  
HALLANDALE BEACH FL 33008

Mailing Address

P.O. BOX 85005  
HALLANDALE BEACH FL 33008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1046218

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

IVANOVSKI, MAGDALENE  
437 GOLDEN ISLES DRIVE  
SUITE 11B  
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when re-registering)

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-2001

9544541646

Date

Daytime Phone #

Attachment  
Exhibit  
A000015  
B



DO NOT WRITE IN THIS SPACE

UBR/01 7501000

Attachment  
D#P00000096194  
A0076815

EXHIBIT "C"

954-4541646

**MPIM CORPORATION**  
P.O. BOX 85005  
HALLANDALE, FL 33008

1515

DATE: 02-24-01

PAY TO THE ORDER OF: Department of State

One hundred and fifty <sup>00</sup>/<sub>100</sub> DOLLARS

**Washington Mutual**  
Washington Mutual Bank, FA  
Sunrise Isles Beach Financial Center 1748  
16830 Collins Avenue  
Sunrise Isles Beach, FL 33180  
1-800-788-7000  
24 hour Customer Service

FOR: FBI NO: 65-1046278

M. S. S. S. S.

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