## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan MPIM CO	me		00000	096194			(Ige	J	Secre 07-12-2		of	Sta	te	
Principal Place P.O. BOX 856 HALLANDALE				Mailing Address P.O. BOX 85005 HALLANDALE BEACH FL	L 33006			H <b>1</b>			0076		( <b>11</b> 14) <b>114</b> ( 4 <b>16</b> )	
2. Principal F	Place of Busin	ness		3. Mailing Address										
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City & Star	te			City & State				4. FEI Nun	104 G	2 18			oplied For ot Applicable	]
Zip		Country		Zip	Cour	ntry		5. Certifica	ite of Status De			3.75 Add	ditional	1
	6. Name	and Address o	f Current Re	gistered Agent			- <del>-/-</del>	7. Name a	nd Address of	New Regist		<u>.</u>		_
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* 437 GOLI	DEN ISLES					Street A	Address (P	.O. Box Nun	nber is Not Acc	ceptable)			***************************************	
SUITE 11						<u> </u>	_							
y HALLANU	ALE FL 330	)09				City		, , , , ,			FL	Zip Code	e	1
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Attachment A0016815

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

8544541646

Daytina Phone #

DOCUMENT # P0000096194  1. Entity Name MPIM CORPORATION						EXM	B/+ 7	(6)72	)	
P.O. BOX 8500	ice of Business 05 BEACH FL 33008	P.O. BOX	Address  4 85005 DALE BEACH FL:	33008			<u> </u>			
2. Principal F	Place of Business	3. Mailin	g Address							
Suite, Apt	t. #, etc.	Suite,	Suite, Apt. #, etc.			DO NO	) FWRITE IN THIS	SPACE		
City & Sta	ate	City &	State		4. [	El Number	, ,,,,	A	pplied For	
Zip	Country	Zip		Country	ļ	El Number 65 - 10466 Certificate of Status Des	!	\$8.75 Ad	lot Applicable Iditional	
	6. Name and Address of C	urrent Registered	Agent			lame and Address of t		Fee Requir		
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437	novski, magdalene ' Golden Isles Drive Te 11B			Stre	eot Address (P.O. B	(P.O. Box Number is Not Acceptable)				
HAL	LANDALE FL 33009			City				Zip Coc	le	
8. The above	e named onlity submits this staten	nent for the purpos	se of changing its	City is registered office		ent, or both, in the State	<b>FL</b> e of Florida.	Zip Cod	le	
8. The above SIGNATURE  9. This corporate fling  1. This corporate fli	e named onlity submits this staten	ad agent and title (Capalici	able. (NO	s registered office IE. Registered Agent III. FEEE IS \$1	ce or registered against required when responding to the second s		e of Florida.    DATE gn Financing	\$5.0	30 May Be d to Fees	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Attachment Dttp0000096194
A0016815

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