

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90220 036 ***150.00

DOCUMENT # P00000099544

1. Entity Name
M.P. ACQUISITION, INC.



Principal Place of Business
**4400 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33431**

Mailing Address
**4400 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33431**

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 **65-1063632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GIULIANO, JOSEPH
4400 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP	<input type="checkbox"/> Delete
NAME	CARLIN, ROBERT J	
STREET ADDRESS	3208 SKIPWITH DR.	
CITY-ST-ZIP	RICHMOND VA 23060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONTI, JOSEPH	
STREET ADDRESS	6511 N.E. 20TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GIULIANO, JOSEPH	
STREET ADDRESS	22312 CALIBRE CT., #1108	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	carlin, Robert J	
STREET ADDRESS	10693 ANNA MARIE DR.	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE Conti	
STREET ADDRESS	6511 NE 20 AVE	
CITY-ST-ZIP	FT LAUD FLA 33308	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giuliano, Joseph	
STREET ADDRESS	5951 Wellesley Park DR # 505	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

561 416 9880

Daytime Phone #

CR2E034 (10/02)