

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PO00000105458
M. SEMPIER, INC

FILED

03 NOV 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

22703 CAMINO DEL MAR

Suite, Apt. #, etc.

#62

3. Mailing Address

22703 CAMINO DEL MAR

Suite, Apt. #, etc.

#62

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1055578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID E. BUCK
2900 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

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.

SIGNATURE DAVID E. BUCK

REGISTERED AGENT

11/12/03

Signature, typed or printed name of registered agent not 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, 2000 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

TITLE PIVIS/T/D
NAME MARTA SEMPIER
STREET ADDRESS 22703 CAMINO DEL MAR #62
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100024797301
11/18/03--01037--001 **150.00

TITLE
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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:

Marta Semper

PRESIDENT

11-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

M. Sempier, Inc.
22703 Camino Del Mar, # 62
Boca Raton, FL 33433

November 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: M. Sempier, Inc. (P00000105458)- Annual Report

Dear Sir or Madam,

We just became aware through an internet search that our company is showing as inactive in your records. We have no record of receiving an annual report form for 2003 from your office. Therefore, we have enclosed a check payable to the Department of State in the amount of \$150.00 representing the annual fee for our corporation for 2003.

Please accept our report and our payment as payment in full as we have no record of receiving a notice from your office. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,


Marta Sempier, President