

**FOR PROFT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/22

DOCUMENT # *P01000027323*
 1. Entity Name
MPLG ENTREPRISE INC
2795 E MARINA DR
Ft-Lauderdale FL-33312



FILED

03 APR 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2795 E MARINA DR

Suite, Apt. #, etc.

City & State
Ft-Lauderdale

Zip
33312

Country
Florida

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800015284238
 04/03/03--01025--015 **300.00

DO NOT WRITE IN THIS SPACE

4. FEI Number
766015313

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name *Michel POITRAS*

Street Address (P.O. Box Number is Not Acceptable)
2795 E MARINA DR

City *Ft-Lauderdale* FL Zip Code *33312*

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 *Michel Poitras* DATE *03-10-03*

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<i>POITRAS Michel</i> <i>MPLG ENTREPRISE INC</i> <i>2795 E MARINA DR</i> <i>Ft-Lauderdale FL-33312</i>	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michel Poitras* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E034B (12/02)

2/22

03-28-03

I called about my case
and because I moved I not had
received the renewal and she told
me to send a letter with explaina
tion and a check for 2 years
and I AM the registered
Agent

Thank you very much

Michel Potras