

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90231 037 \*\*\*150.00

**DOCUMENT # P01000054981**

1. Entity Name  
**M.P.A. REALTY CORP.**

Principal Place of Business  
**2450 N.E. MIAMI GARDENS DRIVE**  
**SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**

Mailing Address  
**2450 N.E. MIAMI GARDENS DRIVE**  
**SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1110670**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**SUPRASKI, LOUIS A ESQ.**  
**2450 N.E. MIAMI GARDENS DRIVE**  
**SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PSD** ☐ Delete  
NAME **SUPRASKI, LOUIS A**  
STREET ADDRESS **2450 N.E. MIAMI GARDENS DRIVE 2ND FLOOR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-2**

**305 792 0060**

Date Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*# P01000054981*  
*11930*

**M.P.A. REALTY CORP.**

2450 NE Miami Gardens Drive  
2<sup>nd</sup> Floor  
North Miami Beach, FL 33180

July 2, 2002

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: M.P.A. REALTY CORP.**  
**Document #P01000054981**

Gentlemen:

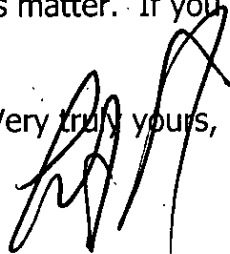
I am in receipt of your 2002 Uniform Business Report for the above-referenced corporation.

Please be advised that this is the first notification we receive regarding the Uniform Business Report.

I enclose herewith the signed, completed 2002 Uniform Business Report together with my check in the amount of \$150.00, representing the filing fee. I request that the \$400.00 penalty be waived, due to my non-receipt of any previous notification.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



LOUIS A. SUPRASKI

LAS:sdm  
Enclosures