

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0127371 AV

DOCUMENT # P01000121922

1. Entity Name

MY.P.P.A.R. ENTERPRISES, INC.



Principal Place of Business
3128 LAKE WASHINGTON ROAD
SUITE 244
MELBOURNE FL 32934

Mailing Address
3128 LAKE WASHINGTON ROAD
SUITE 244
MELBOURNE FL 32934



2. Principal Place of Business

3755 Pine Cone Road

Suite, Apt. #, etc.

3. Mailing Address

3755 Pine Cone Rd

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

01-0665671

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

01-0665671 APPLIED FOR

Applied For

Not Applicable

Zip
32934

Country
USA

Zip
32934

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, PATRICIA A
9616 CROWN PRINCE LANE
WINDERMERE FL 34786-6206

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 Patricia Ramos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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 D
NAME RAMOS, P. A
STREET ADDRESS 9616 CROWN PRINCE LANE
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Patricia Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 321-751-0045

Date

Daytime Phone #

CR2E034 (10/02)