

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004477

1. Entity Name

M. P. M. MARCAS POR MENOS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4471 NW 36 ST

Suite, Apt. #, etc.

SUITE 213-A

City & State

Miami Springs, FL

Zip

33166

Country

U.S.A

3. Mailing Address

4471 NW 36 ST

Suite, Apt. #, etc.

SUITE 213-A

City & State

Miami Springs, FL

Zip

33166

Country

U.S.A

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0386531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jorge Arango

Street Address (P.O. Box Number is Not Acceptable)

4471 NW 36 ST

SUITE 213-A

City

Miami Springs

FL

Zip Code

33166

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

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
P
Jorge Arango
4471 NW 36 ST STE 213-A
Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100024855701
11/19/03--01041--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.
Ligia Espinosa
4471 NW 36 ST. STE 213-A
Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Arango

11-11-03

Date

305-318-7320

Daytime Phone #

CR2034B (12/02)

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M.P.M. Marcas Por Menos Inc.
4471 NW 36 ST - Suite 213-A
Miami, Florida 33166
(305) 863-6565 (305) 318-7320

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ref.: M.P.M. Inc - Marcas por Menos Inc.
FEI # 03-0386531
Entity # P02000004477

This letter is to inform you that we have never received the first or second annual report notice. We did send a payment one or two months ago. So, please we ask you to reconsider you decision, and reinstate the corporation.

Thank you in advance for your cooperation in this matter. Enclose a new Ck # 1110 Washington Mutual and the and the answers of my previous letters.

If you need additional information, please do not hesitate to contact me.

Sincerely yours,



JORGE ARANGO M.
PRESIDENT

PD: Our new address since July, 2003 is:
4471 NW 36 ST. Suite 213-A
Miami, FL 33166
(305) 863-6565
and never we received notices from you