

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

7/21

07-21-2003 90124 041 \*\*\*150.00

**DOCUMENT # P02000009223**

1. Entity Name  
**MSK CENTER, INC.**



Principal Place of Business  
**701 THREE ISLAND BLVD BLDG 3 SUITE 519  
HALLANDALE FL 33009**

Mailing Address  
**701 THREE ISLAND BLVD BLDG 3 SUITE 519  
HALLANDALE FL 33009**

**55053737**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**73-1630888**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARPICIUS, MARCELA SANDRA  
701 THREE ISLAND BLVD BLDG 3 SUITE 519  
HALLANDALE FL 33009**

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

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **LOBO, ALBERTO**  
STREET ADDRESS **701 THREE ISLAND BLVD BLDG 3 SUITE 519**  
CITY - ST - ZIP **HALLANDALE FL 33009**

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

TITLE **D** ☐ Delete  
NAME **KARPICIUS, MARCELA SANDRA**  
STREET ADDRESS **701 THREE ISLAND BLVD BLDG 3 SUITE 519**  
CITY - ST - ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (4/03)

Attachment 55053737

P02000009223  
MSK CENTER, INC.

701 THREE ISLAND BLVD BLDG 3, SUITE 519  
HALLANDALE, FL. 33009

Miami Florida

July 17, 2003.

Florida Department of State  
Division of Corporation.  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: 2003 Uniform Business Report  
Corporate #P0200009223  
**MSK CENTER, INC.**

Dear Sir;

Enclosed please find 2003 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # 1060 for the amount of \$150.00, to paid the above Annual fee and for year 2003.

Please accept this payment, because we do not have any knowledge about the existence of such fees, and this report got misplaced. I will make sure that this fee in the future this will be paid on time.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

**MSK CENTER, INC.**

  
ALBERTO LOBO.  
President.