2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000065197 **DOCUMENT #**

1. Entity Name

M.P.G. CARPENTRY, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90024 047 ***150.00

				NE STEE	7				
Principal Place of Business 1680 NW 2ND AVE. HOMESTEAD FL 33030		166	Mailing Address 1680 NW 2ND AVE. HOMESTEAD FL 33030						
2. Principal Place of Business Suite, Apt. #, etc.		3. M	failing Address	*************************************	CHECK HERE IF MAKING CHANGES				
		Su	uite, Apt. #, etc.						
City & State		Ci	ity & State		4. EEI Number 5556	867 A	pplied For		
Zip	Country	Zi	р	Country	5. Certificate of Status Desir	A0 75	ditional		
-	6. Name and Address	of Current Registe	red Agent		7. Name and Address of N	- Tee nequite	ea	[
C. Trains and rearross of Safetic Hogistered Agent				Name					
PEREZ, MARIO					, , , , , , , , , , , , , , , , , , ,				
1680 NW 2ND AVE.				Street Addres	s (P.O. Box Number is Not Accep	table)		l	
HOMESTE	EAD FL: 33030							ı	
		•		City	** ***********************************	□ Zip Cod	la	l	
					20.00	~~			
8. The above the obligat	enamed entity submits this s tions of registered agent.	tatement for the pu	rpose of changing its	registered office or regis	tered agent, or both, in the State	of Florida. I am familiar with,	and accept		
, A	and an orange and agoni								
SIGNATURE	Signature, typed or printed name of re	enistered agent and title if a	onticoble (NOTE	is Bogistored Apont algorithms your	translation to the state of the	DATE		İ	
			pplicable. (NOTE	: Registered Agent signature requi	red when reins(a(ing)	DATE	-	İ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Slake Check Payable to Florida Department of			State		9. Election Campaign Financing Trust Fund Contribution. Solution See Section 1. See Section 2. Section 2. Section 2. See Section 2. Section 2. Section 2. See Section 2. S				
10		CERS AND DIRECT	OBS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	IQ INI 11	l	
TITLE	PD		☐ Delete	TITLE		☐ Change	Addition	Ś	
NAME .	PEREZ, MARIO			NAME				Š	
STREET ADDRESS"	-1680 NW 2ND AVE.			STREET ADDRESS				CR2E034 (10/02)	
CITY-ST-ZIP	HOMESTEAD FL 33030			CITY-ST-ZIP				ü	
TITLE NAME			☐ Delete	TITLE		☐ Change	Addition	ä	
STREET ADDRESS				NAME STREET ADDRESS			_		
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NAME				NAME					
STREET ADDRESS	•			STREET ADDRESS					
CITY-ST-ZIP			7.50.	CITY-ST-ZIP					
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition		
NAME				NAME			l		

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition

Daytime Phone #