## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000080929

Entity Name: MPM CONSULTING SERVICES INC.

2655 LEJEUNE ROAD #905

CORAL GABLES, FL 33134

Address: City-St-Zip: FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	:UNE ROAD# ABLES, FL 33				
Current Mailing Address:			New Mailing Address:		
	UNE ROAD # ABLES, FL 33				
FEI Number:	45-0483291	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	A, JOSE M :UNE ROAD # ABLES, FL 33				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
	npaign Financin	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( MARTIN, RAUL 2655 LEJEUNE CORAL GABLE	E ROAD #905	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( PEREZ, MART 2655 LEJEUNE CORAL GABLE	E ROAD #905	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( MARQUINA, JO	) Delete DSE M	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE MARQUINA MR 04/23/2003