

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 90978 003 ***150.00

DOCUMENT # P02000093572

1. Entity Name

MPM ACCESSORIES & PARTS, INC.



Principal Place of Business
8431 ISLAND PALM CIRCLE
ORLANDO FL 32835

Mailing Address
8431 ISLAND PALM CIRCLE
ORLANDO FL 32835

2. Principal Place of Business

3095 NW 77 Ave

Suite, Apt. #, etc.

3. Mailing Address

3095 NW 77 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

Zip

33122

Country

4. FEI Number

562294656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BERNARDINEZ, MARCELA
3905 NW 77TH AVENUE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

3095 NW 77th Ave

City

Miami

FL

Zip Code

33122

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 \$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 PTD ☐ Delete
NAME BERNARDINEZ, RICARDO
STREET ADDRESS 8431 ISLAND PALM CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ Delete
NAME BERNARDINEZ, MARIANA
STREET ADDRESS 8431 ISLAND PALM CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

TITLE SD ☐ Delete
NAME BERNARDINEZ, PABLO R
STREET ADDRESS 8431 ISLAND PALM CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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 #

Mariana Bernardinez

CR20034 (10/02)