

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90104 048 ***150.00

DOCUMENT # P02000103446

1. Entity Name

MPL GROUP, INC.



Principal Place of Business
5722 SOUTH FLAMINGO RD.
#310
COOPER CITY FL 33330

Mailing Address
5722 SOUTH FLAMINGO RD.
#310
COOPER CITY FL 33330



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5722 South Flamingo Rd

Suite, Apt. #, etc.
310

3. Mailing Address

5722 South Flamingo

Suite, Apt. #, etc.
310

City & State

Cooper City, Florida

Zip
33330

Country

Broward

City & State

Cooper City, Florida

Zip

33330

Country

Broward

4. FEI Number

04-3713769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGRANDE, MICHAEL P
5722 SOUTH FLAMINGO ROAD
310
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEGRANDE, MICHAEL P	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD #310	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Michael P. LeGrande 8/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (4/03)

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

ATTACHMENT
#P02000103446
80140203

August 21, 2003

RE: PRIOR NOTICE NEVER RECEIVED - REQUEST FOR LATE FEE TO BE WAIVED

To Whom It May Concern:

Please be advised our corporation never received a prior notice to complete the 2003 Uniform Business Report. As President of the corporation I am requesting that you please waive the late fee, considering this is the first time receiving notice. I have attached the completed UBR and have enclosed a check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to give me a call. I can be reached at (954) 499.8008-office or on my cellular at (954) 295.8474. Thanking you in advance for you cooperation and understanding.

Respectfully Yours,



Michael P. LeGrande

MPL/Enclosures