

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90148 002 *****8.75
07-07-2003 90148 001 ***550.00

DOCUMENT # P02000105087

1. Entity Name
MP CARTS, INC.



Principal Place of Business
1985 NE 208TH TERR
NORTH MIAMI BEACH FL 33179

Mailing Address
1985 NE 208TH TERR
NORTH MIAMI BEACH FL 33179

CORRECT

44005278



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS P BOST
2380 NE 183RD TERR
NORTH MIAMI BEACH FL 33160

Name **Michael Press**
Street Address (P.O. Box Number is Not Acceptable)
1985 NE 208 Terr
N.M.B FLA
City **FL** Zip Code **33179**

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 *Dennis P. Bost*
Signature, typed or printed name of registered agent and title if applicable.

Michael Press
(NOTE: Registered Agent signature required when reinstating)

DATE **7/2/03**

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 **Dennis P. Bost** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Michael Press** ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **1985 NE 208 Tr**
CITY-ST-ZIP **N.M.B FLA 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Michael Press *Michael Press* **7/2/03 3059330552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)