

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90124 035 \*\*\*150.00

**DOCUMENT # P02000127301**

1. Entity Name

**MP FREIGHT SYSTEM, INC.**



Principal Place of Business

**1717 N BAYSHORE DR #3832**  
**MIAMI FL 33132**

Mailing Address

**1717 N BAYSHORE DR #3832**  
**MIAMI FL 33132**

2. Principal Place of Business

**7220 NW 36 ST**  
Suite, Apt. #, etc.  
**# 215**

3. Mailing Address

**7220 NW 36 ST**  
Suite, Apt. #, etc.  
**# 215**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**371450372**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MANGIA, PAOLA**  
**1717 N BAYSHORE DR #3832**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **MANGIA, PAOLO**

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

**7220 NW 36 ST # 215**

City **MIAMI, FL**

**FL**

Zip Code **33166**

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

*Paolo Mangia*

Signature, typed or printed name of registered agent and fee 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 **D** ☐ Delete  
NAME **MANGIA, PAOLO**  
STREET ADDRESS **1717 N BAYSHORE DR #3832**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete  
NAME **MANGIA, ELAINE**  
STREET ADDRESS **1717 N BAYSHORE DR #3832**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **D/PRT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7220 NW 36 ST #215**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7220 NW 36 ST #215**  
CITY-ST-ZIP **MIAMI, FL 33166**

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

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

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

TITLE ☐ Change ☐ 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:

*Paolo Mangia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

(305) 373-7151

Daytime Phone #

CR2E034 (10/02)