

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133782

1. Entity Name
MPCL INVESTMENTS, INC.



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
4300 N UNIVERSITY DR STE B-102
LAUDERHILL, FL 33351

Mailing Address
4300 N UNIVERSITY DR STE B-102
LAUDERHILL, FL 33351



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0812736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPAPORT, MARTIN R
4300 N UNIVERSITY DR STE B-102
LAUDERHILL, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

000000126006
04/23/04-80016-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME RAPPAPORT, MARTIN R
STREET ADDRESS 4300 N UNIVERSITY DR STE B-102
CITY-ST-ZIP LAUDERHILL, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Martin R. Rappaport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04
Date

954-572-6006
Daytime Phone #