2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # P93000084710 **Secretary of State** 1. Entity Name MRP ASSOCIATES, INC. 03-06-2001 90312 045 ***150.00 Principal Place of Business Mailing Address 4002 A GUILDFORD DR 4002 A GUILDFORD DR IKDDVV **BOCA RATON FL 33434** BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0459297 Not Applicable 5. Certificate of Status Desired - 5. Status D _Country___ Country Zip 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTNOY, MURRAY Street Address (P.O. Box Number is Not Acceptable) 4002 A GUILDFORD DR **BOCA RATON FL 33434** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00 TITLE Delete TITLE Change Addition MURRAY, PORTNOY NAME NAME STREET ADDRESS 4002 A GUILDFORD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE PORTNOY, REA F. NAME NAME STREET ADDRESS STREET ADDRESS 4002 A GUILDFORD DR CITY: ST-ZIP --CITY-ST-ZIP-BOCA RATON FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplier entail 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 in stee empowered to effect the security of the corporation or the receiver or in stee empowered to effect the security of the corporation or the receiver or in stee empowered to effect the security of the security of the corporation or the receiver or in stee empowered to effect the security of the secu

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01

561-483-4104

Daytime Phone #