561-483-4104 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR DOCUMENT # P93000084710 1. Entity Name MRP ASSOCIATES, INC.				FILED Mar 07, 2002 8:00 am Secretary of State 03-07-2002 90024 044 ***150.00
Principal Place of Business 4002 A GUILDFORD DR BOCA RATON FL 33434		Mailing Address 4002 A GUILDFORD DR BOCA RATON FL 33434		
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	de .	City & State		4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7- Name and Address of New Registered Agent
PORTNOY, MURRAY 4002 A GUILDFORD DR			Street Addres	is (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33434			City	Zip Code
Tax filing (Signature, typed or printed name of registered agent and protection is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200	E: Registered Agent signature required: I! FEE IS \$150.00 02 Fee will be \$550.00 ole to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, PORTNOY 4002 A GUILDFORD DR BOCA RATON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTNOY, REA F. 4002 A GUILDFORD DR BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME . STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged.	certify that the information supplied with the on this report or supplemental report is transfer or trustee empower, or on an attachment with an address, with	is filing does not qualify for ue and accurate and that nered to execute this report h all other like empowered.	the exemption stated in ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: