

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90147 009 ***150.00

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1. Entity Name
MR FINANCIAL ENTERPRISES, INC.



Principal Place of Business
**5700 LAKE WORTH RD
SUITE 311
LAKE WORTH FL 33463
US**

Mailing Address
**1404 WATERVIEW CR
PALM SPRINGS FL 33461
US**



2. Principal Place of Business

3. Mailing Address
419 Pine Glen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B1

City & State

City & State
Greenacres FL

Zip

Country

Zip

Country

33463

Palm Beach

4. FEI Number **65-0487518**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMOS, MANUEL JR
1404 WATERVIEW CR.
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name

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

419 Pine Glen Lane APT. B1

City **Greenacres**

FL

Zip Code **33463**

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

Manuel Ramos Jr.
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

2/23/03
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 **RAMOS, MANUEL JR**
STREET ADDRESS **1404 WATERVIEW CR.**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

Manuel Ramos Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/03 561-967-7371

CR2E034 (10/02)