

2001 UNIFORM BUSINESS REPORT (UBR)

Amended: \$61.25

DOCUMENT # **P95000006022**
 1. Entity Name
MVP GROUP VENTURES, INC.

W/C
 FLP
 6/25/01
 7/1/01

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN 28 PM 3:11

Principal Place of Business Mailing Address
P95000006022

2. Principal Place of Business 3. Mailing Address
9045 LA FONTANA BLVD. SUITE C-8 5442 NW 42ND AVE

City & State City & State
BOCA RATON, FL BOCA RATON, FL

Zip Country Zip Country
33434 USA 33496 USA

4. FEI Number Applied For
65-0580743 Not Applicable

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

6. Name and Address of Current Registered Agent
**PAUL FINE
 5442 NW 42ND AVE
 BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent
 Name **VITA FINE**
 Street Address (P.O. Box Number is Not Acceptable) **5442 NORTHWEST 42ND AVE**
 City **BOCA RATON** FL Zip Code **33496**

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 **Paul Fine Vita Fine, PRESIDENT** DATE **6/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL FINE, PRES. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VITA FINE 5442 NW 42ND AVE. BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAUL FINE 5442 NORTHWEST 42ND AVE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004467602-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition -07/10/01--01059--031 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vita Fine, PRES.** DATE: **6/25/2001** DAYTIME PHONE #: **561-997-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)