

Amended
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 02 MAR 19 PM 12:05

DOCUMENT # P95000006022
 1. Entity Name
MVP Group Ventures, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9045 LA FONTANA BLVD
 Suite, Apt. #, etc. C-8
 City & State BOCA RATON, FL
 Zip 33434 Country USA

3. Mailing Address
10439 UTOPIA CIRCLE EAST
 Suite, Apt. #, etc.
 City & State BOYNTON BEACH, FL
 Zip 33437 Country USA

4. FEI Number
650580743
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
 Name JUDY ROSEFF
 Street Address (P.O. Box Number is Not Acceptable)
10439 UTOPIA CIRCLE EAST
BOYNTON BEACH FL 33437

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 Judy Roseff (NO CHANGES MADE) only to officers below 3-11-02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

~~January 1 - May 1 Fees \$450.00~~
~~After May 1 Fees \$550.00~~
~~Amended UBR \$11.25~~
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	<u>PRESIDENT</u> <u>VITA FINE</u> <u>15025 MICHELANGELO BLVD, #102</u> <u>DELRAY BEACH, FLORIDA 33446</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>ROSS THOMAS</u> <u>16096 NORRIS ROAD</u> <u>WEST PALM BEACH, FL 33470</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>PAUL FINE</u> <u>15025 MICHELANGELO BLVD, #102</u> <u>DELRAY BEACH, FLORIDA 33446</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700005041617--4</u> <u>-03/04/02--01102--006</u> <u>*****35.00 *****35.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700005041617--4</u> <u>-03/22/02--01005--024</u> <u>*****26.25 *****26.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AP 3/11</u>
TITLE NAME STREET ADDRESS 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Fine, DIRECTOR (PAUL FINE) 3-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

1561) 487-6666

CR2E034B (12/01)