

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90541 018 ***150.00

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DOCUMENT # **P95000006022**

1. Entity Name
MVP GROUP VENTURES, INC.



Principal Place of Business
~~9045 LA FONTANA BLVD~~
~~CA~~
~~BOCA RATON FL 33434~~

Mailing Address
~~10439 UTOPIA CIRCLE EAST~~
~~BOYNTON BEACH FL 33437~~



2. Principal Place of Business
200 KNUTH ROAD
Suite, Apt. #, etc.
212

3. Mailing Address
(SAME) ^{AS PLACE OF BUS.}
Suite, Apt. #, etc.
(SAME)

CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH
Zip
33436 Country
USA

City & State
FLORIDA
Zip
(SAME) Country
(SAME)

4. FEI Number **65-0580743**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEFF, JUDY
10439 UTOPIA CIRCLE EAST
BOYNTON BEACH FL 33437

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judy Roseff*

DATE **4-19-03**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **FINE, VITA**
STREET ADDRESS **15025 MICHELANGELO BLVD #102**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **PRES.** Change Addition
NAME **FINE, VITA**
STREET ADDRESS **7062 VENETO DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** Delete
NAME **FINE, PAUL**
STREET ADDRESS **15025 MICHELANGELO BLVD #102**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **DIRECTOR** Change Addition
NAME **FINE, PAUL**
STREET ADDRESS **7062 VENETO DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE Delete
NAME ~~THOMAS, ROSS~~
STREET ADDRESS **16096 NORRIS ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Paul Fine*

DATE **4/19**

DAYTIME PHONE # **(561) 364-4766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)