

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90350 018 \*\*\*150.00

**DOCUMENT # P95000024766**

1. Entity Name

MPS, CORP.

Principal Place of Business

528 CARIBBEAN DR  
 KEY LARGO FL 33037

Mailing Address

P.O. BOX 285  
 KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565910

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

MOTAMEDI, MOHAMMAD

155 CORRINE PLACE  
 KEY LARGO FL 33037

*Change*

Name

~~MOHAMMAD MOTAMEDI~~

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

~~8382 S.W. 193 ST.~~

City

*Miami*

FL

Zip Code

*33157*

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

*[Signature]*

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | MOTAMEDI, MOHAMMAD |                                 |
| STREET ADDRESS | 155 CORRINE PLACE  |                                 |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8382 S.W. 193 ST. |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    | Miami, FL 33157   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOTAMEDI, MOHAMMAD

Date

Daytime Phone #

7/13/02 (305) 453-4794

CR2E034 (4/02)



July 12, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

*Attachment*

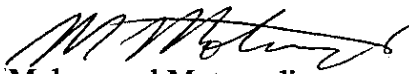
# P5000024766  
120483

Dear Sir/Madam:

Enclosed please find our check in the amount of \$150.00 for the 2002 Uniform Business Report for MPS Corp. We did not receive the first notice, due 5/1/02, and therefore did not file at that time. When the second notice arrived (7/8/02), we were already late and the fee had increased to \$550.00. I immediately called the Division of Corporations, explaining what had happened and was told to submit the original fee of \$150.00 with a letter explaining why we were late filing.

We have always filed on time in the past, and respectfully request your acceptance of the original filing fee of \$150.00. Thank you for your time and consideration.

Sincerely,

  
Mohammad Motamedi  
President, MPS Corp.