

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90132 032 \*\*\*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  
**401 Biscayne Blvd.  
Suite, Apt. #, etc.  
R-103**

3. Mailing Address  
**8382 S.W.  
193 ST.  
Suite, Apt. #, etc.**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0565910**

Applied For  
☐ Not Applicable

Zip  
**33132**

Country  
**U.S.A**

Zip  
**33157**

Country  
**U.S.A**

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

## 6. Name and Address of Current Registered Agent

**MOTAMEDI, MOHAMMAD  
155 CORRINE PLACE  
KEY LARGO FL 33037**

## 7. Name and Address of New Registered Agent

Name  
**MOTAMEDI, MOHAMMAD**  
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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/03**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOTAMEDI, MOHAMMAD  
8382 SW 193 ST  
MIAMI FL 33157** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/14/03** (305) 372-0006

DATE

DAYTIME PHONE #

CR2E034 (10/02)