

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90425 033 \*\*\*150.00

**DOCUMENT # P95000052954**

1. Entity Name  
**M.R.P. INC.**

Principal Place of Business  
**1541 BRICKELL AVENUE**  
**#C-407**  
**MIAMI FL 33129**

Mailing Address  
**1541 BRICKELL AVENUE**  
**#C-407**  
**MIAMI FL 33129**

050917



DO NOT WRITE IN THIS SPACE

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  
**65-0598480**

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

**PARIENTE, ROBERTO**  
**1541 BRICKELL AVENUE**  
**#C-407**  
**MIAMI FL 33129**

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.

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **PARIENTE, ROBERTO**  
 STREET ADDRESS **1541 BRICKELL AVENUE / #C-407**  
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE **P** ☐ Delete  
 NAME **PARIENTE, ROBERT.**  
 STREET ADDRESS **1541 BRICKELL AVE., #407**  
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE **S** ☐ Delete  
 NAME **POSSCHELLE, GUY**  
 STREET ADDRESS **4210 BRACANTA ST.**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE ☐ Change ☐ 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: **X [Signature] (ROBERTO PARIENTE, D)** **WAR 10 02 3058581070**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/01)

Attachment  
Document #

Filing Instructions

Form DR-601C

P95000052954  
636917

**Florida Intangible Personal Property Tax Return for Corporations,  
Partnerships and Fiduciary Fliers**

**As of January 1, 2002**

**NAME:** M.R.P. INC

**DUE DATE:** APRIL 15, 2002

**REMITTANCE:** \$ 150.00 Amount DUE. Make check payable to the "Florida  
Department of Revenue"

**SIGNATURE:** The return should be signed and dated on Page 1 by fiduciary  
or officer representing fiduciary.

**MAIL TO:** Florida Department of Revenue  
5050 West Tennessee Street  
Tallahassee, FL 32399-0140

**OTHER:** Initial and date the copy and retain it for your records.