

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000048876**

1. Entity Name

MR INTERNATIONAL, OF CENTRAL FLORIDA INC.

Principal Place of Business

1325 OLYMPIA PARK
OCOEE FL 34761

Mailing Address

1325 OLYMPIA PARK
OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3451001** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RINES, MARINA
1325 OLYMPIA PARK
OCOEE FL 34761

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINES, MARINA	NAME	
STREET ADDRESS	1325 OLYMPIA PARK	STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ENRIQUE	NAME	
STREET ADDRESS	1325 OLYMPIA PARK	STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Marina Rines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 29/2001 407 8770565

Daytime Phone #

0882001
AA

CR2E034 (5/01)

80063838

Doc# P970G0548876

MR INTERNATIONAL OF CENTRAL FLORIDA, INC

AUGUST 29, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I HAVE RECEIVED A LETTER FROM YOUR DEPARTMENT STATING THAT I MUST PAY A \$550 PENALTY FOR NOT FILING MY UNIFORM BUSINESS REPORT IN ON TIME. I HAD NOT PAID BECAUSE I HAD NOT RECEIVED MY REPORT ON TIME. I AM WRITING TO YOU ASKING YOU TO WAIVE THE \$400 PENALTY.

THANK YOU FOR YOUR ATTENTION,

Marina C Rines
1MARINA RINES, PRESIDENT