

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048876

1. Entity Name
MR INTERNATIONAL, OF CENTRAL FLORIDA INC.

Principal Place of Business
1325 OLYMPIA PARK
OCOOEE FL 34761

Mailing Address
1325 OLYMPIA PARK
OCOOEE FL 34761

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 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
OCOOEE 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME RINES, MARINA
STREET ADDRESS 1325 OLYMPIA PARK
CITY-ST-ZIP OCOOEE FL 34761 ☐ Delete

TITLE VD
NAME LOPEZ, ENRIQUE
STREET ADDRESS 1325 OLYMPIA PARK
CITY-ST-ZIP OCOOEE FL 34761 ☐ 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

12. 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

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

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

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 Required)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90011 013 ***150.00



DO NOT WRITE IN THIS SPACE

070346 AV

CR2E034 (5/01)

Aug 29/2001 407-8770565

Doc# B00603838
P97060548876

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 RINES, PRESIDENT