

AS AMENDED

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

08-28-2002 90036 046 ****61.25

FILED P97000077064
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

976905

DOCUMENT # P97000077064
1. Entity Name
M R C. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3817 COELEBS AVE	3. Mailing Address 3817 COELEBS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH	City & State BOYNTON BEACH
Zip 33436	Country
Zip 33436	Country

4. FEI Number 65-0778991	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name CUPAIOLE, MICHAEL	
Street Address (P.O. Box Number is Not Acceptable) 3817 COELEBS AVE	
City BOYNTON BEACH	FL Zip Code 33436

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 _____ (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. <input type="checkbox"/>	January 1 - May 1 Fee is: \$150.00 After May 1, Fee is: \$350.00 Amended UBR is: \$61.25 Make Check Payable to: Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cupaiole, Michael 3817 Coebls Ave BOYNTON BEACH FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cupaiole, Kathleen 3817 Coebls Ave BOYNTON BEACH FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kubsch, James 1256 S Military Trail DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jose Lopez 1910 NW 4th Avenue BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(j), 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 on an attachment with an address with all other duly empowered.

SIGNATURE: MICHAEL CUPAIOLE 8-29-02 561-274 6069

Date Daytime Phone

CR2E034B (12/01)

8/31/02
aw