

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91803 042 ***150.00

DOCUMENT # P97000077064

1. Entity Name
M R C. INC.



Principal Place of Business
**3817 COELEBS AVE.
BOYNTON BEACH FL 33436-2708**

Mailing Address
**3817 COELEBS AVE.
BOYNTON BEACH FL 33436-2708**

11042059



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0778991**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CUPAIOLE, MICHAEL
3817 COELEBS AVE.
BOYNTON BEACH FL 33436-2708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **CUPAIOLE, MICHAEL**
STREET ADDRESS **3817 COELEBS AVE.**
CITY-ST-ZIP **BOYNTON BEACH FL 33436-2708**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **CUPAIDLE, KATHLEEN**
STREET ADDRESS **3817 COELEBS AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436-2708**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **KUBSCH, JAMES**
STREET ADDRESS **1258 S. MILITARY TRAIL**
CITY-ST-ZIP **DEEFIELD BEACH FL 33442**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **LOPEZ, JOSE**
STREET ADDRESS **1910 NW 4TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
NAME **VP OSCAR MUNOZ**
STREET ADDRESS **1980 N.W 4 AVE #A203**
CITY-ST-ZIP **BOCA RATON FL. 33432**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MICHAEL CUPAIDLE 4-2-03 561-278-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)