

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90025 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000087704

1. Entity Name
MVP GROUP, INC.

Principal Place of Business
2070 N.W. 79TH AVENUE
MIAMI FL 33126

Mailing Address
P O BOX 260610
PEMBROKE PINES FL 33026
US

2. Principal Place of Business

11899 W. RIDGEVIEW DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0800434**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO, ARTURO
2070 N.W. 79TH AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **MARRERO ARTURO**
 Street Address (P.O. Box Number is Not Acceptable)
11899 W. RIDGEVIEW DR.

City **DAVIE** **FL** Zip Code **33330**

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 **ARTURO MARRERO** **PRESIDENT** **3-2-02**
 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

TITLE **PSD** ☐ Delete
 NAME **MARRERO, ARTURO**
 STREET ADDRESS **11899 W. RIDGEVIEW DR**
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE **D** ☐ Delete
 NAME **GARCIA, VENACIO**
 STREET ADDRESS **260 PAIN DR**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☐ Delete
 NAME **GARCIA, PABLO R**
 STREET ADDRESS **392 LAGUNA AVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
 NAME **GARCIA VENANCIO**
 STREET ADDRESS **260 PAYNE DR.**
 CITY-ST-ZIP **MIAMI SPRING FL 33166**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 an other like empowered.

SIGNATURE: **X** **PRESIDENT** **3-2-02** **954-915-0288**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)