

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000095064**

1. Entity Name
M-R HOLDINGS CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 AM 9: 03

Principal Place of Business
**15291 N.W. 60 AVENUE
SUITE 103
MIAMI LAKES FL 33014**

Mailing Address
**15291 N.W. 60 AVENUE
SUITE 103
MIAMI LAKES FL 33014**



2. Principal Place of Business
15291 N.W. 60 AVENUE

3. Mailing Address
15291 N.W. 60 AVENUE

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

ZIP
33015

ZIP
33015

4. FEI Number **65-0901833** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, LUIS M
15291 N.W. 60 AVENUE
SUITE 103
MIAMI LAKES FL 33014**

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 **Luis M. Rodriguez** DATE **11/15/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, LUIS M 15291 NW 60 AVE., STE. 103 MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE L 15291 NW 60 AVE., STE. 103 MIAMI LAKES FL 33014
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200004749042--8 01/03/02-01042-018 ***750.00 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Luis M. Rodriguez** DATE **11/15/01** Daytime Phone # **305-819-0500**

0020246 AV

CR2E034 (5/01)