## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 26, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000051997 DOCUMENT # 03-26-2003 90149 039 \*\*\*150.00 1. Entity Name M. R. ENTERPRISES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1659 WEST 39TH PLACE 1659 WEST 39TH PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0849470 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINARES, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 1659 WEST 39TH PLACE HIALEAH FL 33012 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 ☐ Addition TITLE ☐ Delete LINARES, MIGUEL NAME NAME STREET ADDRESS 1659 WEST 39TH PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE ruiz, rolando Jr. NAME NAME STREET ADDRESS STREET ADDRESS 6140 WEST 8TH AVE. CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 acclusive 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 ampowered 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 addr

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Daytime Phone #

☐ Change

Addition