

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90025 037 ***150.00

DOCUMENT # P98000054198

1. Entity Name

MPA, INC.

Principal Place of Business

Mailing Address

**1859 N. PINE ISLAND ROAD
 #344
 PLANTATION FL 33322
 US**

**1859 N. PINE ISLAND ROAD
 #344
 PLANTATION FL 33322-5224
 US**

2. Principal Place of Business

3. Mailing Address

9853 N. GRAND DUKE CR.

9853 N. GRAND DUKE CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC, FL

TAMARAC, FL

Zip

Country

Zip

Country

33321

USA

33321

USA

4. FEI Number

65-0039547

☒ Applied For

☐ Not Applied

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

**ALLEN, MICHAEL P
 1859 N. PINE ISLAND ROAD
 #344
 PLANTATION FL 33322**

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

[Signature]

MICHAEL P. ALLEN

2/2/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALLEN, MICHAEL P**
 CITY-ST-ZIP **1859 N. PINE ISLAND ROAD, #344**
PLANTATION FL 33322

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

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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

(954) 721-1305

Daytime Phone #