

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060162

1. Entity Name

MPAC, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 020 ***150.00

Principal Place of Business

Mailing Address

17525 SUNSET TERRACE
WINTER GARDEN FL 34787

P.O. BOX 352
KILLARNEY FL 34740-0352

2. Principal Place of Business

3. Mailing Address

1403 U.S. Hwy 27 S.
Suite, Apt. #, etc.

P.O. Box 135065
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLERMONT, FL

City & State
CLERMONT, FL

4. FEI Number 59-3529743

Applied For
Not Applicable

Zip 34711
Country ~~FLA~~ USA

Zip 34713-5065
Country ~~FLA~~ USA

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

FIORINO, GIULIO
17525 SUNSET TERRACE
WINTER GARDEN FL 34787

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, 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 D
NAME FIORINO, GIULIO
STREET ADDRESS 17525 SUNSET TERRACE
CITY-ST-ZIP WINTER GARDEN FL 34740

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME Peter Fiorino
STREET ADDRESS 2311 Hamlin Trail
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME FRANK Ragni
STREET ADDRESS 10853 Vista Del Sol Circle
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Michelle Fiorino-Ragni
STREET ADDRESS 10853 Vista Del Sol Circle
CITY-ST-ZIP CLERMONT, FL 34711

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

SIGNATURE:

Giulio Fiorino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 352-243-2833
Date Daytime Phone #

CR2E034 (9/99)