

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063522

1. Entity Name

M.D.P. ASSOCIATES, INC.

Principal Place of Business

4262 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410

Mailing Address

4262 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410-6224

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90041 030 \*\*\*150.00

00030121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4262 Northlake Blvd  
PMB # 161

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Palm Beach Gardens  
Zip  
33410

Country  
USA

City & State  
Florida  
Zip

Country

4. FEI Number

65-0851290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

DOUG LUTZ

Street Address (P.O. Box Number is Not Acceptable)

4262 Northlake Blvd

PMB #161

City  
PBG

FL

Zip Code  
33410

3. 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

*Maria Lupi*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

- president

DATE  
3-13-2000

4. 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

OFFICERS AND DIRECTORS

NAME	D LUTZ, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	600 SANDTREE DRIVE SUITE 109	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
NAME	D LAMONTANARO, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	600 SANDTREE DRIVE SUITE 109	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
NAME	D EGBERT, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	600 SANDTREE DRIVE SUITE 109	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-13-99 711 846 2152