

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90198 001 ***150.00

DOCUMENT # P98000078354

1. Entity Name
MPI/PINE CREST SQUARE, INC.



Principal Place of Business
150 E PALMETTO PARK DR
4TH FLOOR
BOCA RATON FL 33432

Mailing Address
150 E PALMETTO PARK DR
4TH FLOOR
BOCA RATON FL 33432

90010750



2. Principal Place of Business

200 Congress Park Drive
Suite, Apt. #, etc.
Suite 103

City & State
Delray Beach, FL

Zip
33445

Country
USA

3. Mailing Address

200 Congress Park Drive
Suite, Apt. #, etc.
Suite 103

City & State
Delray Beach, FL

Zip
33445

Country
USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0862972**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M
150 E PALMETTO PARK DR
SUITE 401
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 Congress Park Drive
Suite 104
City **Delray Beach** **FL** **Zip Code** **33445**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **MANDOR, ROBERT**
STREET ADDRESS **150 E. PALMETTO PARK RD. 4TH FLR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ **Delete**
NAME **OTTO, JOSEPH**
STREET ADDRESS **150 E. PALMETTO PARK RD. 4TH FLR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ **Delete**
NAME **OTTO, JOSEPH**
STREET ADDRESS **150 E- PALMETTO PARK RD. 4TH FLR**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **200 Congress Park Drive, Suite 103**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **200 Congress Park Drive, Suite 103**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☒ **Change** ☐ **Addition**
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STREET ADDRESS **200 Congress Park Drive, Suite 103**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mandor

1/22/03 (561) 394-9260
Date **Daytime Phone #**

CR2E034 (10/02)