

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90217 001 ***150.00

0356438 AV

DOCUMENT # P99000008687

1. Entity Name
M P RENOVATIONS INC



Principal Place of Business
11701 NW 12TH STREET
PLANTATION FL 33323

Mailing Address
11701 NW 12TH STREET
PLANTATION FL 33323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0895187**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPALEO, MARIA
1401 NW 116TH AVENUE
PLANTATION FL 33323

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. 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
PAPALEO, MARIA
11701 NW 12TH STREET
PLANTATION FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Maria Papaleo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03

9543702206

CR2E034 (10/02)

May 9, 2003

Attachment

90132800

MP Renovations Inc.
11701 NW 12th Street
Plantation, FL 33323
954-370-2206
Tax ID # 65-0895 187

Division of Corporations—
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # P99000008687
Tax ID # 65-0895187

To Whom It May Concern;

As per my phone conversation with one of your representatives yesterday, May 8, 2003;
I explained that I was under Doctor's care for complete bed rest due to a bacterial
infection, so please forgive the delay.

Thank you

Sincerely,

M. Papaleo

M. Papaleo
MP Renovations Inc.