

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056645

1. Entity Name

MPC INTEGRATED TECHNOLOGIES, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90110 016 ***150.00

Principal Place of Business

1301 WEST COPANS ROAD, SUITE F-1
POMPANO BEACH FL 33064

Mailing Address

1301 WEST COPANS ROAD, SUITE F-1
POMPANO BEACH FL 33064

C0047884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 NW 33rd ST.

3. Mailing Address

2101 NW 33rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600A

600A

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0929485

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

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

VALINSKY, JAY L

100 NORTHEAST THIRD AVENUE SUITE 610
FORT LAUDERDALE FL 33301

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, 2001 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 P ☐ Delete
NAME WEITSMAN, MARK I
STREET ADDRESS 4231 NW 64TH DRIVE
CITY-ST-ZIP COCONUT CREEK FL 33073

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

TITLE VP ☐ Delete
NAME BEAUBIEN, MICHAEL
STREET ADDRESS 9907 MOSS POND DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE D ☐ Delete
NAME ANTONUCCI, MARK
STREET ADDRESS 1128 SW 26TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL 33426

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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 OR DIRECTOR

2/21/01
Date

954-968-1913
Daytime Phone #

CR2E034 (10/00)