

CAPITAL CONNECTION

850 222 1222

05/19 '04 12:01 NO.198 01/01

Amended **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000082967
1. Entity Name

MP & JR. INC.

FILED
04 MAY 21 AM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1011 5TH STREET 3. Mailing Address 1011 5TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FL.

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4. FEI Number 65-095-1272

Applied For
Not Applicable

Zip 33139

Country Miami - Dade

Zip 33139

Country Miami - Dade

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LAURENCE FEINGOLD

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

407 LINCOLN ROAD

Suite 708

City MIAMI BEACH

FL

Zip Code 33139

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

Michael Pulver

5/19/04

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE MICHAEL PULVER - DIRECTOR
NAME PRESIDENT
STREET ADDRESS 1011 5TH ST.
CITY-ST-ZIP MIAMI BEACH, FL. 33139

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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 an attachment with an address, with all other titles empowered.

SIGNATURE:

Michael Pulver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Pulver

5/19/04
Date

305-538-1686
DeVine Phone #