2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91365 033 ***150.00

DOCUMENT # P99000100254 ✓

1. Entity Name
M.P.T. SERVICES, INC.

Principal Place of Business	Mailing Address
~~1840 W 49TH ST, SUITE #404~~	~~1840 W 49TH ST, SUITE #404~~
~~HIALEAH FL 33012~~	~~HIALEAH FL 33012~~

2. Principal Place of Business		3. Mailing Address	
1085 EAST 4 AVENUE		1200 NW 78 AVENUE	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. 216	
City & State HIALEAH, FL.		City & State MIAMI. FL	
Zip 33010	Country	Zip 33126	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0964038 ☐ Applied For ☐ Not Applicable

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
ACERO, MARTHA	Name
~~1840 W 49TH ST, SUITE #404~~	Street Address (P.O. Box Number is Not Acceptable) 1085 EAST 4 AVENUE
~~HIALEAH FL 33012~~	STE. B
	City HIALEAH FL Zip Code 33010

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 X [signature] RA 4/23/03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ACERO, MARTHA C STREET ADDRESS ~~1840 W 49TH ST STE 404~~ CITY-ST-ZIP ~~HIALEAH FL 33012~~	☐ Delete	TITLE NAME STREET ADDRESS 1085 EAST 4 AVENUE - STE. B CITY-ST-ZIP HIALEAH, FL. 33010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X [signature] MARTHA ACERO PRES DIRECTOR 4/23/03 (786) 326 8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)