

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-11-2001 90049 038 ***150.00

DOCUMENT # P00000055472

(4)

1. Entity Name
MC CRAVINGS CORP.

Principal Place of Business Mailing Address
 10020 SHERIDAN ST., #201 10020 SHERIDAN ST., #201
 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

- 7499



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2535 N. HATUS RD. **2535 N. HATUS RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cooper City, FL **Cooper City, FL**
 Zip Country Zip Country
33026 **USA** **33026** **USA**

4. FEI Number Applied For
65-1014685 Not Applicable

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

6. Name and Address of Current Registered Agent
FERRAND, CECILIA
 10020 SHERIDAN ST., #201
 PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
 Name
FRANCISCO ANTUNEZ DE MAYOLO
 Street Address (P.O. Box Number is Not Acceptable)
726 SAN REMO DRIVE
 City State Zip Code
WESTON **FL** **33326**

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: DATE: **4/9/01**
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.
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 NAME STREET ADDRESS CITY-ST-ZIP	VSD FERRAND, CECILIA 10020 SHERIDAN ST., #201 PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANTUNEZ DE MAYOLO, MARTHA 1451 MARTINIQUE CT. #6303 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTHA ANTUNEZ DE MAYOLO 726 SAN REMO DRIVE WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTUNEZ DE MAYOLO, FRANCISCO 1451 MARTINIQUE CT. #6303 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRANCISCO ANTUNEZ DE MAYOLO 726 SAN REMO DRIVE WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: DATE: **4/9/01** DAYTIME PHONE #: **(954) 389 0853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FRANCISCO ANTUNEZ DE MAYOLO

CR2E034 (10/00)