

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041609

1. Entity Name

MCS IMPORT AND EXPORT CORP.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 011 ***550.00

Principal Place of Business

~~9300 N.W. 58 ST.
SUITE #209
MIAMI FL 33178~~

Mailing Address

~~9300 N.W. 58 ST.
SUITE #209
MIAMI FL 33178~~

2. Principal Place of Business

2801 Ponce de Leon Blvd Same

Suite, Apt. #, etc.

Suite 1010

Suite, Apt. #, etc.

City & State

Coral Gables, Fl.

City & State

Zip

33134

Country

Dade

Zip

Country

4. FEI Number

65-0752947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTAMARIA, ENRIQUE
9300 N.W. 58 ST.
SUITE #209
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

ENRIQUE SANTAMARIA

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

2801 Ponce de Leon Blvd.

Suite # 1010

City

Coral Gables

FL

Zip Code

33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

| | | |
|----------------|-----------------------|--|
| TITLE | PDS | <input type="checkbox"/> Delete |
| NAME | SANTAMARIA, ENRIQUE | |
| STREET ADDRESS | 9300 N.W. 58 ST. #209 | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SANTAMARIA, ENRIQUE | |
| STREET ADDRESS | 9300 N.W. 58 ST. #201 | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | COHEN, LUZ E | |
| STREET ADDRESS | 9300 N.W. 58 ST. #201 | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|---|
| TITLE | PDS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Enrique Santamaria | |
| STREET ADDRESS | 2801 Ponce de Leon Blvd. Suite 1010 | |
| CITY-ST-ZIP | Coral Gables, Fl. 33134 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, LUZ E. | |
| STREET ADDRESS | 2801 Ponce de Leon Blvd. # 1010 | |
| CITY-ST-ZIP | Coral Gables, Fl. 33134 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Enrique Santamaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-00
Date

Daytime Phone #

CR2EQ34 (5/00)