

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90132 038 ***150.00

DOCUMENT # P97000032151

1. Entity Name
M.C. & M. CORPORATION OF BOYNTON BEACH



Principal Place of Business
**CREATIONS BY MARIANO
240 WORTH AVE
PALM BEACH FL 33480**

Mailing Address
**CREATIONS BY MARIANO
240 WORTH AVE
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
428 E Atlantic

Suite, Apt. #, etc.
428 E Atlantic Ave

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33483

Country
USA

Zip
33483

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0745897

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

Daytime Phone #

CR2E034 (10/02)