

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009948

Entity Name: MCCJ, INC.**Current Principal Place of Business:**150 SE 2ND AVENUE
SUITE 914
MIAMI, FL 33131**Current Mailing Address:**150 SE 2ND AVENUE
SUITE 914
MIAMI, FL 33131**FEI Number:** 20-3534284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEVIN, ROBERTA
150 SE 2ND AVENUE
SUITE 914
MIAMI, FL 33131 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name THORP, PATRICIA A
Address 4049 ENSENEDA AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name AGUIRRE, ALEJANDRO
Address 2900 NW 39TH STREET
City-State-Zip: MIAMI FL 33142

Title D
Name HOFFMAN, KENNETH C
Address 1221 BRICKELL AVENUE #2200
City-State-Zip: MIAMI FL 33131

Title D
Name ANGONES, GEORGINA
Address PO BOX 248087
City-State-Zip: CORAL GABLES FL 33124

Title EXECUTIVE DIRECTOR
Name SHEVIN, ROBERTA MS.
Address 150 SE 2ND AVENUE
SUITE 914
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name RAMIREZ-PATRICIOS, MICHELLE
Address 150 SE 2ND AVENUE
SUITE 914
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name GANNON, EDWARD
Address 2699 SOUTH BAYSHORE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name BENSON, OLIVIA
Address 301 WEST 41 STREET SUITE 502
City-State-Zip: MIAMI BEACH FL 33140

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTA SHEVIN**EXECUTIVE DIRECTOR****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title IMMEDIATE PAST CHAIRMAN
Name ALI, JOHANN
Address 10127 DORAL BLVD
City-State-Zip: DORAL FL 33178

Title CHAIR
Name TROPIN, SHERYL MAGERER
Address 5845 SW 93 STREET
City-State-Zip: MIAMI FL 33146

Title VC
Name DERVISHI, BRIAN
Address 150 SE 2ND AVENUE
SUITE 914
City-State-Zip: MIAMI FL 33131