

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 SECRETARY  
Name BENSON, OLIVIA  
Address 301 WEST 41 STREET SUITE 502  
City-State-Zip: MIAMI BEACH FL 33140

**Continues on page 2**

*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

08/19/2016

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