

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90016 012 \*\*\*150.00

0000399

**DOCUMENT # 676164**  
 1. Entity Name  
**M.C. PRINTING, INC.**

Principal Place of Business 7820 NW 62 ST MIAMI FL 33166 US	Mailing Address 7820 NW 62 ST MIAMI FL 33166 US
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00003400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2014417</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**  
**CHAPMAN, RAFAEL**  
**7820 NW 62 ST**  
**MIAMI FL 33144**

**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.

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 \$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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, RAFAEL</b>
STREET ADDRESS	<b>13780 SW 38 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, RALPH A</b>
STREET ADDRESS	<b>8543 NW 198 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, RUDY</b>
STREET ADDRESS	<b>20345 NW 36 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33167</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, CARLA</b>
STREET ADDRESS	<b>8543 NW 198 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>PEREZ, MARTHA E</b>
STREET ADDRESS	<b>13780 SW 38 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MORALES, CLEMENTINA M</b>
STREET ADDRESS	<b>10860 SW 24 TERR</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAPMAN, OROUIDIA</b>
STREET ADDRESS	<b>20345 N.W. 36 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33167</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAPMAN, FERNANDO</b>
STREET ADDRESS	<b>13780 S.W 38 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CLEMENTINA</b>
STREET ADDRESS	<b>10860 S.W 24 TERR</b>
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33165</b>
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)(l), 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: CHAPMAN, RAFAEL E 1/9/01 305-591-0009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)