

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90162 044 \*\*\*150.00

**DOCUMENT # 676164**

1. Entity Name  
**M.C. PRINTING, INC.**

Principal Place of Business <b>7820 NW 62 ST          MIAMI FL 33166          US</b>	Mailing Address <b>7820 NW 62 ST          MIAMI FL 33166          US</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2014417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHAPMAN, RAFAEL          7820 NW 62 ST          MIAMI FL 33144</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAPMAN, RAFAEL</b> <b>13780 SW 38 ST</b> <b>MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ORQUICIA CHAPMAN</b> <b>20345 NW 36 ST</b> <b>MIAMI FL 33167</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHAPMAN, RALPH A</b> <b>8543 NW 198 ST</b> <b>MIAMI FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FERNANDO CHAPMAN</b> <b>13780 SW 38 ST</b> <b>MIAMI FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAPMAN, RUDY</b> <b>20345 NW 36 ST</b> <b>MIAMI FL 33167</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHAPMAN, CARLA</b> <b>8543 NW 198 ST</b> <b>MIAMI FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PEREZ, MARTHA E</b> <b>13780 SW 38 ST</b> <b>MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RODRIGUEZ, CLEMENTINA</b> <b>10860 SW 24 TERR</b> <b>MIAMI FL 33165</b>	TITLE 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: *Clementina Rodriguez* **RODRIGUEZ CLEMENTINA** **2/6/02** **305-591-0009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)