

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40802

1. Entity Name

MCA RANCH, INC.

Principal Place of Business

340 ROYAL POINCIANNA WAY STE 316
PALM BCH. FL 33480-8059

Mailing Address

340 ROYAL POINCIANNA WAY STE 316
PALM BCH. FL 33480-8059

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, DONALD W.
340 ROYAL POINCIANNA WAY STE 316
PALM BEACH FL 33480

Name Armando A. Tabernilla

Street Address (P.O. Box Number is Not Acceptable)

340 Royal Poinciana, Suite 316

City

Palm Beach

FL

Zip Code

33480

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

Armando A. Tabernilla

2/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FANJUL, ALFONSO 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANJUL, JOSE 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARSON, DONALD W. 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLOMQUIST, ERIK J 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, DAVID A. 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL BUSTO, JORGE 340 ROYAL POINCIANNA WAY STE 316 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Tabernilla, ARmando A. 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Fernandez, Luis J. 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hernandez, Oscar R. 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Portuondo Aurelio 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando A. Tabernilla,
Vice President

2/1/2001

Date

561-655-6303

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90241 020 ***150.00

00001001



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2486996** ☐ Applied For ☐ Not Applicable

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

CR2E034 (10/00)