## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **K23496** May 09, 2000 8:00 am Secretary of State MRC DEVELOPMENT CORPORATION 05-09-2000 90070 030 \*\*\*150.00 Principal Place of Business Mailing Address 10637 NORTH KENDAL DRIVE 10637 NORTH KENDAL DRIVE SUITE 7-B SUITE 7-B MIAMI FL 33176 MIAMI FL 33176-1523 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0053777 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASO, MARTA A. Street Address (P.O. Box Number is Not Acceptable) 11714 S.W. 92 TRAIL MIAMI FL 33186 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE CASO, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 11714 S.W. 92 TRAIL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** [ ] Change Addition ☐ Delete TITLE NAME CASO, MARTA A. NAME STREET ADDRESS 11714 SW 92ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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4/22/2000

1008-056 (305)

Daytime Phone #