2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

K23496

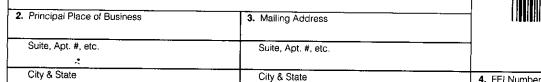
1. Entity Name

MRC DEVELOPMENT CORPORATION

Principal Place of Business 11714 S.W. 92 TERRACE MIAMI FL 33186 us :

Mailing Address

11714 S.W. 92 TERRACE **MIAMI FL 33186**



FILED Sep 03, 2002 8:00 am Secretary of State

09-03-2002 90166 039 ***550.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0053777		Applied For	
Zip = Zip	- Country -	Zip	- Country -	5. Certificate of Status Desired		Not Applicable 8.75-Additional ee Required	
6. Nai	me and Address of Current		7. Name and Address of New Registered Agent				
CASO, MARTA A.			Name		Agreered Ag	one	
11714 S.W. 92 TRAIL			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33186							
			City		FL	Zip Code	
The above named er the obligations of reg	tity submits this statement for istered agent.	the purpose of changing its r	registered office or registe	ered agent, or both, in the State of Flor	ida. I am far	I miliar with, and accept	
SIGNATURE	ed or printed name of registered agent a						
Signature, typ	and or printed harne or registered agent a	nd title if applicable. (NOTE:	Registered Agent signature require	ed 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 After September 13, 2002 Make Check Payable to D			2002 Fee will be \$750			\$5.00 May Be Added to Fees	

11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASO, RICHARD NAME STREET ADDRESS 11714 S.W. 92 TRAIL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE **TSD** ☐ Delete Change Addition NAME CASO, MARTA A. NAME STREET ADDRESS 11714 SW 92ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP