

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0187598

DOCUMENT # L18541

1. Entity Name

M & C ACCOUNTING SERVICES, INC.

05-15-2001 90130 025 ***150.00

Principal Place of Business

**8249 NW 36 ST.
 116
 MIAMI FL 33166**

Mailing Address

**POST OFFICE BOX 527403
 MIAMI FL 33152
 US**

C0066176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8249 N.W. 36 ST

3. Mailing Address

Suite, Apt. #, etc.

214

City & State

MIAMI, FL

City & State

4. FEI Number

65-0145701

Applied For

Not Applicable

Zip

33166

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMONES, MIGUEL A.
 8249 NW 36ST., STE 114
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

8249 N.W. 36 ST SUITE 214

City **MIAMI**

FL

Zip Code

33166

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 **P** ☐ Delete
 NAME **CAMONES, MIGUEL A.**
 STREET ADDRESS **8249 NW 36ST., STE 114**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **YOCK KIM, CRISTINA**
 STREET ADDRESS **8249 NW 36ST., STE 114**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8249 NW. 36 ST SUITE 2.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8249 NW. 36 ST SUITE 214**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL A. CAMONES

Date

Daytime Phone #

4/27/01 (305) 718-3667

CR2E034 (10/00)