

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90245 001 ***150.00
02-05-2003 90245 002 *****8.75

DOCUMENT # M25866

1. Entity Name
M F B INTERNATIONAL, INC.



Principal Place of Business

**5463 NW 72 AVENUE
MIAMI FL 33166
US**

Mailing Address

**5463 NW 72 AVENUE
MIAMI FL 33166
US**

2. Principal Place of Business

5505 N.W. 84 AVE
Suite, Apt. #, etc.

3. Mailing Address

5505 N.W. 84 AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

4. FEI Number **59-2649199**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FALLON, MARIO
5463 NW 72 AVENUE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **RAFAEL R. MORA VP-CFO**
Street Address (P.O. Box Number is Not Acceptable)
5505 N.W. 84 AVENUE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **FALLON, MARIO**
STREET ADDRESS **5463 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☒ Delete
NAME **FALLON, MARIO**
STREET ADDRESS **5463 NW 72 AVENUE**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD-C.E.O.** ☐ Change ☒ Addition
NAME **FALLON, MARIO**
STREET ADDRESS **5505 N.W. 84 AVENUE**
CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **VP-CFO** ☐ Change ☒ Addition
NAME **RAFAEL R. MORA**
STREET ADDRESS **5505 N.W. 84 AVENUE**
CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **MARKETING DIRECTOR-SEC** ☐ Change ☒ Addition
NAME **HECTOR MASELLI**
STREET ADDRESS **5505 N.W. 84 AVENUE**
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

12. 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 10 or Block 11 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

MARIO FALLON
PRESIDENT, CEO

01/22/2003 (305) 436-6601
Date Daytime Phone #

CR2E034 (10/02)