

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54276

1. Entity Name

MC PROPERTY MANAGEMENT, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90082 038 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JULIO CAPO  
1260 N.W. 72ND AVENUE  
MIAMI FL 33126

C/O JULIO CAPO  
1260 N.W. 72ND AVENUE  
MIAMI FL 33126-1919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2822913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODIE, SIDNEY Z.  
7270 NW 12TH ST  
PH 1  
MIAMI FL 33126

Name

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

1260 NW 72 AVE

Miami

FL

Zip Code  
33126

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

*Julio Capó - Treasurer*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-23-00

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, 2000 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 PSD ☐ De'te

NAME CAPO, MANUEL  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL

TITLE VTD ☐ Delete

NAME CAPO, AIDA  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete

NAME CAPO, JULIO C.  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL

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 ☐ 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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Julio Capó - Treasurer*

Date

3-23-00

Daytime Phone #

305-592-4967

CR2E034 (9/99)