

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90169 018 \*\*\*150.00

**DOCUMENT # P00000002155**

1. Entity Name

**MCI FUNDING INC.**

Principal Place of Business

**6001 NW 153RD STREET  
SUITE 203  
MIAMI LAKES FL 33014**

Mailing Address

**6001 NW 153RD STREET  
SUITE 203  
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

**242 E 50th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**City & State  
Hialeah, FL**

4. FEI Number

**65-0975791**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33013****U.S.**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

**CABASSI, CARLOS JR  
15165 N.W. 77 AVE  
MIAMI LAKES FL 33014**

Name

**Carlos Cabassi**

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

**242 E 50th Street**

City

**Hialeah, FL****FL**Zip Code  
**33013**

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

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, 2002 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<b>PSD</b> <b>CABASSI, CARLOS</b> <b>15165 N.W. 77TH AVENUE</b> <b>MIAMI LAKES FL 33014</b> <input checked="" type="checkbox"/> Delete	<b>President</b> <b>Carlos, Cabassi</b> <b>6001 NW 153 Street, Suite 203</b> <b>Miami Lakes, FL 33014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

Date

Daytime Phone #

CR2E034 (9/01)