

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000022535**

1. Entity Name

M.C.B. GROUP INTERNATIONAL, CORP.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90094 001 ***158.75

Principal Place of Business

**8288 NW 56 STREET
MIAMI FL 33166**

Mailing Address

**8288 NW 56 STREET
MIAMI FL 33166**

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

650987070

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

**BASTIDAS, MAIRA CRISTINA
8288 NW 56 STREET
MIAMI FL 33166**

Name

BASTIDAS, ANDRES FELIPE

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

8288 NW 58th STREETCity
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

MAYRA BASTIDAS**MAYRA C. BASTIDAS****04-27-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASTIDAS, MAIRA CRISTINA 8288 NW 56 STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASTIDAS, ANDRES FELIPE 8288 NW 56th STREET MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BASTIDAS, ANDRES FELIPE 8288 NW 56 STREET MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Andres F. Bastidas

Date

4/26/2001

Daytime Phone #

305-593-7472

CR2E034 (10/00)