

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112896

1. Entity Name

MC PAYMENT SYSTEMS INC.

Principal Place of Business

9980 NW 9 ST CIRC #104
MIAMI FL 33172

Mailing Address

9980 NW 9 ST CIRC #104
MIAMI FL 33172

2. Principal Place of Business

5600 SW 135 AVE.

Suite, Apt. #, etc.

T.T.O.

City & State

MIAMI, FL.

Zip

33183

Country

DADE

3. Mailing Address

5600 SW 135 AVE.

Suite, Apt. #, etc.

110

City & State

MIAMI, FL.

Zip

33183

Country

DADE

4/

FILED
Aug 31, 2001 8:00 am
Secretary of State

04-05-2001 90436 042 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1076116

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UPEGUI, MARIA VICTORIA
9980 NW 9 ST CIRC #104
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name:
MARTHA CARDENAS

Street Address (P.O. Box Number is Not Acceptable)
8600 SW 136 AVE. #403

City:
MIAMI

FL

Zip Code
33183

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: *Martha Cardenas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-30-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD UPEGUI, MARIA VICTORIA 9980 NW 9 ST CIRC #104 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDENAS MARTHA 8600 SW 136 AVE. #403 MIAMI, FL. 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martha Cardenas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-01

Date

305-3837216

Daytime Phone #

CR2E034 (10/00)

Attachment 11690 #P00000112896

M.C PAYMENT SYSTEMS Inc.

4939 sw 144 ave Miami, Florida 33175
Telephone (305) 383-7216. Fax (305) 383-6719

Miami 08-20-01

*****NEW ADDRESS*****

**4939 sw 144 ave
Miami Fl 33175**

TO WHO MAY CONCERN

The purpose of this letter is to inform you that, I have not yet received the approval of the amendment that was sent on 03-30-01.

I counted on that this amendment would be approved from the date it was sent. From this date on, I have made transactions as new owner MARTHA CARDENAS who I am the new owner and president and responsible for all the negotiations until this day.

I appreciate any notification when the arrival this letter

Yours truly:



Martha Cardenas: President

