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FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90239 004 ***150.00

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1. Entity Name
M.F.C. CORP.

Principal Place of Business

6301 COLLINS CORP.
UNIT 1408
MIAMI BEACH FL 33140

Mailing Address

328 CRANDON BLVD
SUITE 226
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1063123

Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

328 CRANDON BLVD.
SUITE 226
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature (typed or printed name of registered agent and the filer is acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CANO, JUAN CARLOS	
STREET ADDRESS	6301 COLLINS CORP.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ Delete
NAME	FRANCO PERINI, MARIELA C	
STREET ADDRESS	6301 COLLINS CORP.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(b), 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 authorized to execute this report as required by Chapter 207, Florida Statutes; and that my name appears in Block 11 or Block 12.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR