

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90157 005 ***150.00

DOCUMENT # P01000014481

1. Entity Name
MC TAX - ACCOUNTANTS, INC.

Principal Place of Business

810 SE 8TH AVE STE B
DEERFIELD BCH FL 33433

Mailing Address

810 SE 8TH AVE STE B
DEERFIELD BCH FL 33433

00024670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7700 CONGRESS AVE.

3. Mailing Address

7700 CONGRESS AVE.

Suite, Apt. #, etc.

SUITE 1106

Suite, Apt. #, etc.

SUITE 1106

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-1078353

Applied For

Not Applicable

Zip

33487

Country

PALE BEACH

Zip

33487

Country

PALE BEACH

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARDONA, MARTA

810 SE 8TH AVE STE B

DEERFIELD BCH FL 33433

7. Name and Address of New Registered Agent

Name

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

7700 CONGRESS AVE., SUITE 1106

City

BOCA RATON

FL

Zip Code

33487

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARDONA, MARTA	
STREET ADDRESS	810 SE 8TH AVE STE B	
CITY-ST-ZIP	DEERFIELD BCH FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, DANIEL	
STREET ADDRESS	810 SE 8TH AVE STE B	
CITY-ST-ZIP	DEERFIELD BCH FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTIANO, GENARO	
STREET ADDRESS	810 SE 8TH AVE STE B	
CITY-ST-ZIP	DEERFIELD BCH FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTIANO, MARIA	
STREET ADDRESS	810 SE 8TH AVE STE B	
CITY-ST-ZIP	DEERFIELD BCH FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (561) 997-9820

Date

Daytime Phone #

CR2E034 (9/01)