2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015662



FILED Apr 24, 2003 8:00 a Secretary of State 04-24-2003 90208 043 ***150.00

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MC PROPERTY HOLDINGS, INC.						04-24-2003 3020	0 043 130.0	00	
Principal Plac 14792 SW 159 MIAMI FL 331		Mailing Addres 14792 SW 159 MIAMI FL 33196	COURT			A INTANARA KA NAMBA KANI BONI DOKA NAM	. 88181 11881 81118 81118	BINIP NIK JEN	
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FI	4. FEI Number 65-1076326 Applied For Not Applicable			
Zip	Country	Zip	Col	Country		ertificate of Status Desired	\$8.75 Ade		
	6. Name and Address of Curren	Registered Agent			7. N	ame and Address of New Regist	ered Agent		
CARBAJALES, MAYELIN		~	Name						
	,			Street Addres	is (P.O. Bo	ox Number is Not Acceptable)			
14792 SW 159 COURT MIAMI FL 33196									
na Su			-	City			FL Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	ILE NOW!!! FEE IS \$150.00	.	- ,,		1	9. Election Campaign Financin	9 \$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					Trust Fund Contribution.		to Fees	
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME	PD Carbajales, Mayelin			'LE ME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	14792 SW 159 COURT MIAMI FL 33196			REET ADDRESS Y-ST-ZIP					
TITLE	VPTD						☐ Change	☐ Addition	
NAME	CARBAJALES, LAZARO J		1	ME DEET ADDRESS				}	
STREET ADDRESS CITY-ST-ZIP	14792 SW 159 COURT MIAMI FL 33196		cn	REET ADDRESS Y-ST-ZIP					
TITLE		0 🗆			سيدسون والمهارة	يسيون سينستسينسس سيبي	Change	☐ Addition	
NAME STREET ADDRESS				ME REET ADDRESS				1	
CITY-ST-ZIP				Y-ST-ZIP					
TITLE				ſ			☐ Change	☐ Addition	
NAME				ME					
STREET ADDRESS CITY-ST-ZIP	* • .			REET ADDRESS Y-ST-ZIP				1	
TITLE							Change	☐ Addition	
NAME			NA	1					
STREET ADDRESS				REET ADDRESS				}	
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		a 🗆	1				Change	Addition	
NAME STREET ADDRESS			NA STS	reet address				}	
CITY-ST-ZIP				Y-ST-ZIP					
12. I hereby o	certify that the information supplied wit	n this filing does not	qualify for the ex	emption stated in	Section 1	19.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation	

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 10 or Block 11 if changed, or on an attachment with an address, with all direct like empowered.

SIGNATURE: