

PO1000033348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

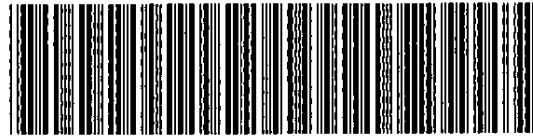
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600249035146

RA
change

06/24/13--01051--008 **210.00

FILED
2013 JUN 24 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
6/28/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MCAT CORPORATION**

Name of Corporation

DOCUMENT NUMBER: **P01000033348**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Behar

Name of Contact Person

AARON BEHAR P.A.

Firm/Company

1840 NORTH COMMERCE PKWY SUITE ONE

Address

WESTON, FL 33326

City/State and Zip Code

ab@aaronbeharpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Behar

Name of Contact Person

at **954 688-7642**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MCAT CORPORATION
2. The principal office address: 1525 NORTH PARK DRIVE, SUITE 101
WESTON, FL 33326
3. The mailing address (if different): 554 PERSEO STREET, SUITE J-3 ALTAMIRA
SAN JUAN, PR 00920
4. Date of incorporation/qualification: 03/28/2001 Document number: P01000033348
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD SARAFAN

100 SOUTHEAST 2ND STREET 44TH FLOOR

MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

AARON BEHAR P.A.

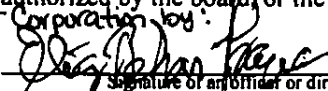
1840 NORTH COMMERCE PARKWAY, SUITE ONE

P.O. Box NOT acceptable

WESTON, FL 33326

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

MCAT Corporation, Inc.


Signature of an officer or director

Elias Behar-Ybarra

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

6/21/13.

Date

If signing on behalf of an entity:

Aaron Behar P.A.

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
2013 JUN 24 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA