FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91792 038 ***150.00

DOCUMENT # P02000017393

1. Entity Name
MC WIDE SOLUTIONS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 SW 51 CT	301 SW 51 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33134-1210 Country: US	Zip: 33134-1210 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 020-546311 ☐ Applied For ☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DIAZ, JUAN A.

Street Address (P.O. Box Number is Not Acceptable):
301 SW 51 CT
CORAL GABLES, FL.

City: CORAL GABLES, FL. State: FL Zip Code: 33134

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: MARIANELLA CRASTO 04/30/03
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered agent signature required where applicable — DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD: DIAZ, JUAN A.
NAME	
STREET ADDRESS	301 SW 51 CT
CITY-ST-ZIP	CORAL GABLES, FL. 33134-1210
TITLE	V.PD
NAME	MARIANELLA CRASTO
STREET ADDRESS	301 SW 51 CT
CITY-ST-ZIP	CORAL GABLES, FL. 33134-1210
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 04/30/03 7865069838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #