

P1200000 95042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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900347280499

09/15/20--01037--023 **500.00

07/06/20--01024 -000 **35.00

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2020 SEP 14 AM 8:32

R/P CW



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 AUG 20 2:14

August 20, 2020

JAVIER CARDENAS, CPA
JC CONSULTING GROUP LLC
1634 ORCHID BEND
WESTON, FL 33327

SUBJECT: TRADING MBC CORP.
Ref. Number: P12000095042

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE CORPORATION HAS BEEN ADMINISTRATIVELY DISSOLVED DUE TO FAILURE OF NOT FURNISHING A NEW REGISTERED AGENT WITHIN THE APPROPRIATE TIMEFRAME. A FEE OF \$600.00 IS DUE TO REINSTATE THE CORPORATION. YOU MAY SUBMIT A CHECK FOR THIS AMOUNT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00015943

September 4, 2020

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: TRADING MBC CORP.
P12000095042
Letter Number: 620A00015943

Dear Sirs,

Per your request, enclosed please find a check for \$600 along with the documentation returned to reinstate the above-mentioned corporation.

Thank you in advance for your cooperation.

Best Regards,

Javier Cardenas, CPA
JC Consulting Group LLC
1634 Orchid Bend
Weston, FL 33327

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRADING MBC CORP.
Name of Corporation

DOCUMENT NUMBER: P12000095042

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:

JAVIER CARDENAS, CPA

Name of Contact Person

JC CONSULTING GROUP LLC

Firm/Company

1634 ORCHID BEND

Address

WESTON, FL 33327

City/State and Zip Code

javierjc@bellsouth.net

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

For further information concerning this matter, please call:

JAVIER CARDENAS, CPA

Name of Contact Person

at (954)

2885078

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

**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: TRADING MBC CORP.
2. The principal office address: 1398 SW 160th Ave. Suite 301, SUNRISE, FL 33326
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/14/2012 Document number: P12000095042
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)

RESIGNED

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

JAVIER CARDENAS, CPA

1634 ORCHID BEND

P.O. Box NOT acceptable

WESTON, FL 33327

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.

[Signature]
Signature of an officer or director

MARIA B. CERIANI

P
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]
Signature of Registered Agent

07/01/2020

Date

If signing on behalf of an entity:

JAVIER CARDENAS, CPA

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 (04/13)

2020 SEP 14 AM 8:32