

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011178

1. Entity Name

M.C.W. AMERICA, INC.

Principal Place of Business

4970 S.W. 72ND AVENUE
#108
MIAMI FL 33155

Mailing Address

4970 S.W. 72ND AVENUE
#108
MIAMI FL 33155

2. Principal Place of Business

7318 SW 48TH ST
Suite, Apt. #, etc.

3. Mailing Address

7318 SW 48TH ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

MIAMI-DADE

Zip

33155

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

ALEJANDRO TAVERNA; ALBERTO
10060 NW 6TH LANE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name Alejandro Taverna, Alberto
Street Address (P.O. Box Number is Not Acceptable)
2945 Center St.
City Miami FL Zip Code 33133

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEJANDRO TAVERNA, ALBERTO	
STREET ADDRESS	10060 NW 6TH LANE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MERCADO LOZANO, DANIEL HORACIO	
STREET ADDRESS	AV. PABLO VI #7	
CITY-ST-ZIP	28223 MADRID, ESPANA 28223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONIL-REICHARD, FERNANDO	
STREET ADDRESS	10390 SW 56TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAUDELLI CARRABETTA, ROBERTO	
STREET ADDRESS	SINALOA #31 COLONIA ROMA MEXICO D.F.	
CITY-ST-ZIP	06700 MEXICO DELEGACION CUAU	
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
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90095 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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