2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name

P93000027060

Mailing Address

MIAMI FL 33186

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

12060 S.W. 99TH ST.

MC INDUSTRIES, INC.

Principal Place of Business

2. Principal Place of Business

12060 S.W. 99TH ST.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

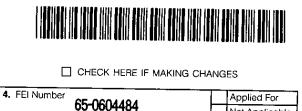
MIAMI FL 33186



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90140 016 ***150.00

90045735



DATE

\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERVERA, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 12060 S.W. 99TH ST. MIAMI FL 33186 City

Country

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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Addition NAME CERVERA, MIGUEL NAME STREET ADDRESS 12060 S.W. 99TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-7/P Delete TITLE Change Addition NAME CERVERA, CORNELIA NAME STREET ADDRESS 12060 SW 99TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if

SIGNATURE: