

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042447

1. Entity Name

M.C. MARKETING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90003 047 ***150.00

Principal Place of Business

8333 W. MCNAB RD.
~~SUITE 225~~
TAMARAC FL 33321
US

Mailing Address

8333 W. MCNAB RD.
~~SUITE 225~~
TAMARAC FL 33321-3241
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

ste 128

Suite, Apt. #, etc.

ste 128

City & State

Tamarac FL

City & State

Tamarac FL

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0416644

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPINIELLO, MARC
8333 W MCNAB RD STE 225
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

ste 128

City

FL

Zip Code

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.

Marc Carpinello

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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, 2000 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 D ☐ Delete
NAME CARPINIELLO, MARC
STREET ADDRESS 1075 RIVERSIDE DR. APT. 205
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME CARPINIELLO, FRANK
STREET ADDRESS 351 N.W. 101 TERR. EX RD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME CARPINIELLO, RHODA
STREET ADDRESS 351 N.W. 101 TERR. EX RD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 351 NW 101 Terr.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 351 NW 101 Terr.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4/19/00 954-721-5700

CR2E034 (9/99)