

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90309 008 ***150.00

DOCUMENT # P93000042447

1. Entity Name
M.C. MARKETING, INC.



Principal Place of Business

~~8883 W. MCNAB RD.~~
~~SUITE 128~~
~~TAMARAC FL 33321~~
US

Mailing Address

8333 W. MCNAB RD.
~~SUITE 128~~
TAMARAC FL 33321
US

2. Principal Place of Business

1475 W. Cypress Creek Rd.

Suite, Apt. #, etc.

204

3. Mailing Address

1475 W. Cypress Creek Rd.

Suite, Apt. #, etc.

204

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

Country

33309 US

Zip

Country

33309 US

4. FEI Number

65-0416644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARPINIELLO, MARC

~~8883 W. MCNAB RD STE 128~~

~~TAMARAC FL 33321~~

7. Name and Address of New Registered Agent

Name

Frank Carpiello

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

1475 W. Cypress Creek Rd. Ste 204

City

Ft. Lauderdale

FL

Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 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.EK RD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME CARPINIELLO, RHODA
STREET ADDRESS 351 N.W. 101 TERR.EK 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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

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 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 #

CR2E034 (10/02)