2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067225

1. Entity Name

M	e M	C	F	INC.
IV1	ועו.כ		Э.	IIVG.

Principal Place of Business

Mailing Address

1019 5TH ST.

MIAMI BEACH FL 33139

1019 5TH ST.

MIAMI BEACH FL 33139-6504

3. Mailing Address 2. Principal Place of Business

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90171 007 ***158.75

בבטבטטטע



					1 10011001 110			•			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. F	El Number	65-0610804	4		plied For		
					03 00 10004			No	Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status			us Desired X \$8.		3.75 Additional Required		
	6. Name and Address of Current Re	<u>' </u>	7. Name and Address of New Registered Agent								
	<u> </u>	ب. منسول, د سواید		-		-			-		
FEINGOLD, LAURENCE ESQ. 10901 S.W. 65TH AVE. MIAMI FL 33156			Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
			City	City					Zip Code		
i. The above	named entity submits this statement for the	ne purpose of changing it	ts registered office or regi	stered age	ent, or both, i	n the State of Flo		1111 <u>1</u>			
IGNATORE _	Signature, typed or printed name of registered agent and	title if applicable. (NC	TE: Registered Agent signature req	uired when re	instating)		DATE	·			
Tax filing requirement and elects to do so. After MAY 1, 20		VIII FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of		-	on Campaign Fir Fund Contribution	-		0 May Be I to Fees			
1.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CH	IANGES TO OFF	ICERS A	ND DIRECTOR	S IN 11		
ITLE IAME STREET ADDRESS CITY-ST-ZIP	D PULWER, MICHAEL 1019 5TH STREET MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition		
ITLE IAME TREET ADDRESS OTY-ST-ZIP	INDIANI DEACHTE CONCO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			Change	Addition		
ITLE IAME TREET ADDRESS OTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	-	☐ Change	☐ Addition		
TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·	7)	Change	Addition		
TITLE		☐ Delete	TITLE					☐ Change	Additio		

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 experience 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS