

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90143 001 \*\*\*400.00  
08-21-2000 90143 002 \*\*\*150.00

**DOCUMENT # P95000074610**

1. Entity Name

**M & C CORPORATION**

Principal Place of Business

Mailing Address

3695 NW 167TH STREET  
OPA LOCKA FL 33055

3695 NW 167TH STREET  
OPA LOCKA FL 33056-4120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0627062**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PESSOA, REINER**  
**6039 COLLINS AVE., #410**  
**MIAMI BEACH FL 33140**

(DELETE)

Name

**WILFREDO QUINTANA**

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

**6301 COLLINS AVE (#2707)**

**MIAMI BEACH FL 33141**

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

*Wilfredo Quintana*

**WILFREDO QUINTANA**

DATE

**4/27/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **FERREIRA DE CONCEICA, RENILDO**  
STREET ADDRESS **6039 COLLINS AVE., #817**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VST** ☒ Delete  
NAME **PESSOA, REINER**  
STREET ADDRESS **6039 COLLINS AVE., #410**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **WILFREDO QUINTANA**  
STREET ADDRESS **6301 COLLINS AVE (#2707)**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **OSWALD QUINTANA**  
STREET ADDRESS **6301 COLLINS AVE (#2707)**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Renier Pessoa*  
**REINER PESSOA**

Date

**4/28/00**

Daytime Phone #

**(305) 757 4511**

CR2E034 (9/99)