

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000074610**

1. Entity Name
m & C Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 S.W. 1ST Street

Suite, Apt. #, etc.

Suite 212

City & State

Miami, FL

Zip

33135

Country

U.S.

3. Mailing Address

1800 S.W. 1ST Street

Suite, Apt. #, etc.

Suite 212

City & State

Miami, FL

Zip

33135

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

650627062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILFREDO QUINTANA

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

6301 Collins Ave, #2707

City

Miami Beach

FL

Zip Code

33141

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VPTD
OSVALD QUINTANA
1800 S.W. 1ST Street, #212
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WILFREDO O. QUINTANA
1800 S.W. 1ST Street, #212
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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DO NOT WRITE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

305-541-0666

Daytime Phone #

CR2E034B (12/01)