

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090842

1. Entity Name

MC EQUIPMENT & TOOLS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90001 014 ***150.00

Principal Place of Business

2699 COLLINS AVE
 110
 MIAMI FL 33140
 US

Mailing Address

2699 COLLINS AVE
 110
 MIAMI FL 33140-4717
 US

2. Principal Place of Business

2545 NW 74 AVE

3. Mailing Address

2545 NW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0621266

Applied For

Not Applicable

Zip

Country

33122 Dade

Zip

Country

33122 Dade

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

CORAZZA, ILDA
 570 WARREN LANE
 KEY BISCAYNE FL 33149

Name
 ANTONIO A. RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable)
 1902 SW 124 PL

City MIAMI FL Zip Code 33175

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

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	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIO R	
STREET ADDRESS	570 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, GONZALO	
STREET ADDRESS	570 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3054999300

CR2E034 (9/99)