

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 011 ***550.00

DOCUMENT # P97000041609

1. Entity Name
MCS IMPORT AND EXPORT CORP.

Principal Place of Business Mailing Address

~~9300 N.W. 58 ST.
 SUITE #209
 MIAMI FL 33178~~ ~~9300 N.W. 58 ST.
 SUITE #209
 MIAMI FL 33178~~

2. Principal Place of Business 3. Mailing Address

2801 Ponce de Leon Blvd **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1010

City & State City & State

Coral Gables, Fl.

Zip Country Zip Country

33134 **Dade**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANTAMARIA, ENRIQUE
9300 N.W. 58 ST.
SUITE #209
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
ENRIQUE SANTAMARIA

Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd.

Suite # **1010**

City State Zip Code
Coral Gables **FL** **33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDS SANTAMARIA, ENRIQUE 9300 N.W. 58 ST. #209 MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTAMARIA, ENRIQUE 9300 N.W. 58 ST. #201 MIAMI FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, LUZ E 9300 N.W. 58 ST. #201 MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Enrique Santamaria 2801 Ponce de Leon Blvd. Suite 1010 Coral Gables, Fl. 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, LUZ E. 2801 Ponce de Leon Blvd. # 1010 Coral Gables, Fl. 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Enrique Santamaria* **SIGNATURE REQUIRED** Date: 7-27-00 Daytime Phone # _____

CR2E034 (5/00)