FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 19, 2001 8:00 am DOCUMENT # **P97000073300 Secretary of State** 1. Entity Name MCA INVESTMENT INC. 02-19-2001 90004 007 \*\*\*150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DR., SUITE 501 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 MIAMI FL 33131-2651 C0021683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0778087 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent **GUTIERREZ, RENALDY J** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., SUITE 501 MIAMI FL 33131-2651 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE DPS Delete De TITLE ☐ Change Arguindegui, Carlos Gustavo NAME MAME CAPURRO, MARTIN BERNARD STREET ADDRESS Avenida de Mayo 881, Tercer Piso STREET ADDRESS **AVENIDA DE MAYA 881 TERCER PISO** CITY-ST-ZIP CITY-ST-ZIP Buenos Aires, Argentina (1084) **BUENOS AIRES AR** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GUTIERREZ, RENALDY STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR. SUITE 501 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 JTITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 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 of 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 elecute 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.

KENALDY GUTIERPOZZ - 12 -01