

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082373

1. Entity Name

M-CAR CONSULTANTS & ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 034 ***150.00

Principal Place of Business

555 NORTHEAST 30 STREET
UNIT 802
MIAMI FL 33137

Mailing Address

555 NORTHEAST 30 STREET
UNIT 802
MIAMI FL 33137-4365

2. Principal Place of Business

290 NE 89 Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33138

Country
U.S.A.

3. Mailing Address

290 NE 89 Street

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33138

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796741

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

ALFAU-REYES, MARIA

555 NE 30 STREET 290 NE 89 Street
802- Miami FL 33138
MIAMI FL 33137

Name

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

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

[Signature] Maria Alfau-Reyes, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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 PSTD ☐ Delete
NAME ALFAU-REYES, MARIA
STREET ADDRESS 555 NE 30 ST, UNIT 802 290 NE 89 Street
CITY-ST-ZIP MIAMI FL 33137 Miami, FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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] Maria Alfau-Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

(305) 216-6552

Daytime Phone #

CR2E034 (9/99)