

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013893

1. Entity Name

M & F VISION, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90041 009 ***150.00

Principal Place of Business

Mailing Address

15955 SW 109TH STREET
 MIAMI FL 33196

15955 SW 109TH STREET
 MIAMI FL 33196-3699

2. Principal Place of Business

15955 S SW 109ST

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

same

Zip

33196

Country

USA

Zip

Country

4. FEI Number

65-0812315

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

TURBAY, MIGUEL E
 608 NW 57TH AVENUE
 MIAMI FL

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIOTTO, TERESA V 11061 SW 155TH PLACE MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRO, CLAUDIA 15955 SW 109TH STREET MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

Daytime Phone #

CR2E034 (9/99)