

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90172 008 ***150.00

DOCUMENT # P98000014214

1. Entity Name

MC AUTO CENTER CORP.

Principal Place of Business

Mailing Address

10414 SW 184 TERRACE 10414 SW 184 TERRACE
 MIAMI, FL 33157 MIAMI, FL 33157

C0072443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0816292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MCDIEL
 7704 NW 98 STREET
 HIALEAH GARDENS, FL 33016

Name

PEREZ, MCDIEL

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

10414 SW 184 TERRACE

City

MIAMI

FL

Zip Code

33157

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]

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

(NOTE: Registered Agent signature required when reinstating)

6/28/01

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, 2001, 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 PEREZ, MCDIEL
 STREET ADDRESS 7704 NW 98 STREET
 CITY-ST-ZIP HIALEAH GARDENS, FL 33016

☐ Delete

TITLE
 NAME
 STREET ADDRESS 10414 SW 184 TERRACE
 CITY-ST-ZIP MIAMI, FL 33157

☒ Change ☐ Addition

TITLE
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TITLE
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 CITY-ST-ZIP

☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/01

305-254-2270

CR2E034 (1/1/00)