

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034327

1. Entity Name

MC MODELING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90141 015 ***150.00

Principal Place of Business

8777 COLLINS AVENUE #510
MIAMI BEACH FL 33154

Mailing Address

8777 COLLINS AVENUE #510
MIAMI BEACH FL 33154-3400

2. Principal Place of Business

1000 West Ave.

Suite, Apt. #, etc.

1517

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Address

P.O. Box 1905

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33119

Country

USA

4. FEI Number

65-0912428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PULGARIN, CLAUDIA
8777 COLLINS AVENUE #510
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name

Pulgarin, Claudia

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

1000 West Avenue

#1517

City

miami Beach

FL

Zip Code

33139

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

Claudia Pulgarin CLAUDIA PULGARIN President 4/11/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PULGARIN, CLAUDIA	
STREET ADDRESS	8777 COLLINS AVENUE #510	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIESCHACON, MAURICIO	
STREET ADDRESS	8777 COLLINS AVENUE #510	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Claudia Pulgarin CLAUDIA PULGARIN 4/11/00 (305) 490-677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #