## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2003 8:00 am Secretary of State

, <u> </u>		THE STATE OF	- 1					150 000 000		
DOCUMENT # P9900034327  1. Entity Name MC MODELING, INC.						04	-09-2003 90	172 001 ***1:	50.00	
Principal Place of Business Mailing Address					$\neg \neg$		<b>P</b> 1	E020E12		
PO BOX 1903			PO BOX 1905			55038513				
MIAMI DEACH	4 LF 2011A	MIAMI BEACH FL 33119				٠. ا				
	Place of Business	3. Mailing Address				in interpretation	#	HOLL BOIDE (1818 B) BOB (1	118 31811 1 <b>86</b> 1 1 <b>86</b> 1	
Suite, Apt		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta		City & State				4. FEI Number 6	5-0912428		Applied For Not Applicable	
Zip		Country Zip Coi		ry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
GALLO, CARMEN  Street Address (A.O. Rev. Number in						D/A-P	<u>lugar</u>	IN		
9572 SW	57 STREET		1	Street Addr	ress (P.(	D. Box Number is N	ot Acceptable)	re		
MIAMI FL 33173					• • •				·	
· .				City				יים ויע:	えいろとろ	
8. The above	named entity submits this state	ment for the purpose of changing its	registere	d office or req	gistered	agent, or both, in t	he State of Florid	a. I am familiar wit	h, and accept	
the obligations of registered agent.										
SIGNATURE 6 LOALOU O LUGOTUM (Prusidum) HDr.L 28 - 03 Signature, typed or printed name of registered and tritle if explicable. (NOTE: Registered Agent signature required when translating)  DATE										
Afte	ILE NOW!!! FEE IS \$150. r May 1, 2003 Fee will be \$5 k Payable to Florida Departr	50.00	pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Provided Provided April 28 – 03  Policiable. (NOTE: Registered Apent signeture required when translating)  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  DRS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TIBLE NAME    Change   Addition   Change   Addition   Change   Change   Addition   Change   C							
10.	<del></del>	S AND DIRECTORS	111.			ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECTO	IRS IN 11	
TITLE	D		TITLE			<del></del>	تتننخنت			
NAME	PULGARIN, CLAUDIA									
STREET ADDRESS CITY-ST-ZIP	PO BOX 1905 MIAMI BEACH FL 33119							•		
TIPLE	D			-		<del></del>		Chance	A ·	
NAME	MEAALLAAA, LUUMAA		1						- D-Materialia	
STREET ADDRESS	PO BOX 1905			T ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33119		CITY-	ST-ZIP						
HITE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADORESS	<del></del>	<del></del>	NAME STREET	FADDRESS	٠.	:		<del>_</del>	,	
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TITI		☐ Delets	ME					Change	☐ Addition	
NAME	:		NAME							
STREET ADDRESS CITY-ST-ZIP		•	CITY-S	ADDRESS						
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NAME			NAME	ļ				<u>~</u> , •.⊸. <b>y•</b>		
STREET ADDRESS				ADDRESS					ļ	
CITY-ST-ZIP		·	CITY-S	1-ZIP						
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STREET ADDRESS				ADORESS		•				
CITY-ST-ZIP	·		CITY-S		_				ĺ	
12. I hereby c	ertify that the information supplies	ed with this filing does not qualify for t	he exem	ption stated in	Section	n 119.07(3)(i), Flori	da Statutes. I furi	ther certify that the	information	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u> BLYNATURE/REQUIRED</u>

March 30-03

(305) 2182877