

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000041304****1. Entity Name**

MCDONALD, GOLDBERG AND CANTILLO, INC.

Principal Place of Business

1385 N.W. 15TH ST.

MIAMI
33125

FL

Mailing Address

1385 N.W. 15TH ST.

MIAMI
33125

FL

2. Principal Place of Business

1455 N.W. 14TH ST.

3. Mailing Address

1455 N.W. 14TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number☒ Applied For
☐ Not Applicable**Zip**
33125**Country****Zip**
33125**Country****5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**METSCH BENJAMIN R
1385 N.W. 15TH ST.MIAMI
33125

FL

7. Name and Address of New Registered Agent**Name**

METSCH BENJAMIN R

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

1455 N.W. 14TH ST.

City
MIAMI**FL****Zip Code**
33125**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)

05/01/2000

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 | DV | <input type="checkbox"/> Delete |
| NAME | CANTILLO ILEANA | |
| STREET ADDRESS | 1385 N.W. 15TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |

| | | |
|-----------------------|--------------------|---------------------------------|
| TITLE | DPST | <input type="checkbox"/> Delete |
| NAME | CANTILLO JULIAN | |
| STREET ADDRESS | 1385 N.W. 15TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |

| | | |
|-----------------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|-----------------------|--|---------------------------------|
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMOS MIRTA | |
| STREET ADDRESS | 1455 N.W. 14TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |

| | | |
|-----------------------|--------------------|--|
| TITLE | DVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANTILLO JULIAN | |
| STREET ADDRESS | 1455 N.W. 14TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |

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

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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 | | |

| | | |
|-----------------------|--|---|
| 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:** Julian Cantillo

DVST 05/01/2000