

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042986

1. Entity Name
MCA PLASTERING CORP. & METAL LATH

FILED

00 MAR -7 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7770 West 34 Lane #102
Hialeah Florida 33018

Mailing Address
7770 West 34th Lane #102
Hialeah Florida 33018

2. Principal Place of Business
7230 N.W. 6th Street

3. Mailing Address
7230 N.W. 6th Street

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

Zip
33126

Country
U.S.A.

Zip
33126

Country
U.S.A.

4. FEI Number ☐ 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

NATALIA MERCADO
7770 West 34th Lane #102
Hialeah Florida 33018

Name
MARIA ISABEL RAMIREZ

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

7230 N.W. 6th Street

City
Miami

FL

Zip Code
33126

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.

MARIA ISABEL RAMIREZ

3/1/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILED 03/01/00 FEE IS \$100.00
After May 1, 2000 Fee will be \$250.00
Florida Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
☒ Delete D NATALIA MERCADO 7770 W 34 Lane #102 Hialeah FL 33018		☐ Change ☒ Addition D MARIA ISABEL RAMIREZ 7230 NW 6 Street Miami Florida 33126	
☒ Delete D FELIPE MENDOZA 7770 W 34 Lane #102 Hialeah FL 33018		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

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-03/14/00-01118-010
****158.00 ****158.00

LS

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:

MARIA ISABEL RAMIREZ

3/1/2000 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #