

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90067 025 ***150.00

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1. Entity Name

M & C ENTERPRISES OF AMERICA, INC.



Principal Place of Business

**8812 BRENNAN CIRCLE
APT 304
TAMPA FL 33615-6202**

Mailing Address

**8812 BRENNAN CIRCLE
APT 304
TAMPA FL 33615-6202**

2. Principal Place of Business

**5835 MEMORIAL HWY
Suite, Apt. #, etc.
16**

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number

65-0962313

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MIRO, JUAN
2985 W. 80TH ST., SUITE 116
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name **MIRO, JUAN A.**
Street Address (P.O. Box Number is Not Acceptable)
8812 BRENNAN CIR APT # 304
City **TAMPA** FL Zip Code **33615-6202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MIRO, JUAN A	
STREET ADDRESS	2985 W. 80TH ST., SUITE 116	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	VSM	<input type="checkbox"/> Delete
NAME	COSTA, GLORIA I	
STREET ADDRESS	2985 W BOTH ST STE 116	
CITY-ST-ZIP	HIALEAH FL 33018	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, JUAN A	
STREET ADDRESS	8812 BRENNAN CIR APT #304	
CITY-ST-ZIP	TAMPA FL 33615-6202	
TITLE	VSM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, GLORIA I.	
STREET ADDRESS	8812 BRENNAN CIR APT #304	
CITY-ST-ZIP	TAMPA, FL 33615-6202	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-881-0075
813-243-1036**

CR2E034 (10/02)