

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90309 012 ***155.00

0112905

DOCUMENT # P99000110893

1. Entity Name
MC-JES, CO.

Principal Place of Business
3909 LYMESTONE DRIVE
COOPER CITY FL 33026

Mailing Address
3909 LYMESTONE DRIVE
COOPER CITY FL 33026

2. Principal Place of Business
9060 NW 8 Street #202

3. Mailing Address
9060 NW 8 St. # 202

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0970408

Applied For
 Not Applicable

Zip
33172

Country

Zip
33172

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANCHEZ, JORGE E
3909 LYMESTONE DRIVE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
9060 NW 8 Street # 202
 City **MIAMI** **FL** Zip Code **33172**

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVILA, MARIA C		NAME		
STREET ADDRESS	3909 LYMESTONE DRIVE		STREET ADDRESS	9060 NW 8 Street # 202	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	MIAMI FL. 33172	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JORGE E		NAME		
STREET ADDRESS	3909 LYMESTONE DRIVE		STREET ADDRESS	9060 NW 8 Street # 202	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	MIAMI FL. 33172	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JORGE SANCHEZ** **04/20/01** **(786) 897 1006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)