

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90004 040 ***150.00

DOCUMENT # **99000067188**
 1. Entity Name
MCCZ CORP.

Principal Place of Business Mailing Address
1393 W 43 PL 1393 W 43 PL
Hialeah, FL 33012 Hialeah, FL 33012

2. Principal Place of Business Suite, Apt. #, etc.
1393 W 43 PL
 3. Mailing Address Suite, Apt. #, etc.
1393 W 43 PL

DU067612
 DO NOT WRITE IN THIS SPACE

City & State City & State
Hialeah, FL Hialeah, FL
 Zip Country Zip Country
33012 US 33012 US

4. FEI Number Applied For
65-0938627 Not Applicable

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

6. Name and Address of Current Registered Agent
MARIA CASTILLO
1393 W 43 PL
Hialeah, FL 33012

7. Name and Address of New Registered Agent
 Name **MARIA CASTILLO**
 Street Address (P.O. Box Number is Not Acceptable)
1393 W 43 PL
 City **Hialeah** **FL** Zip Code **33012**

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) 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA CASTILLO 1393 W 43 PL Hialeah, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Maria Castillo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-00 305-725-65
Date Daytime Phone #

C.F. E.O. 14 (9/99)

Attachment
DH#P99000067188
DUE 6/12
6/9/2000.

Secretary of State
Corporation Division

Dear Sir:

I'm the president of M²C² Corp.
Charter #P99000067188, ID# 65-0938627.

I never received the form
to send the yearly \$150.00.

Please, accept my OK now.
We are in the lawn service
business, and our incomes are
very low. My address is 1-3-93
W 43 Pl. Hialeah, Fla. 33012.

Thank you