

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66186

1. Entity Name

M.C. BIRCH & ASSOCIATES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90031 050 ***150.00

Principal Place of Business

Mailing Address

3170 N FEDERAL HWY
 STE-115
 LIGHTHOUSE POINT FL 33064

P.O. BOX 50222
 POMPANO BEACH FL 33074-0222

2. Principal Place of Business

3. Mailing Address

2230 E-Sample Rd

PO Box 50222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1A

City & State
 Lighthouse Point FL

City & State
 Lighthouse Point FL

Zip Country
 33064 -- US-A

Zip Country
 33064 --

4. FEI Number 59-2154520

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRCH, MICHAEL C.
 3470 N FEDERAL HWY
 415
 LIGHTHOUSE POINT FL 33064

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2230 E Sample Rd
 # 1A
 City Lighthouse Point FL Zip Code 33064

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 Michael C. Birch Pres Michael C. Birch DATE 4/14/00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BIRCH, MICHAEL C.	<input type="checkbox"/>	2230 E Sample Rd #1A	<input type="checkbox"/>
3470 N FEDERAL HWY STE-115		Lighthouse Point FL	<input type="checkbox"/>
LIGHTHOUSE POINT FL		33064	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: Michael C. Birch Michael C. Birch Date 4-14-00 Daytime Phone # 954 786 8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)