

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000061380 1. Entity Name MCMB, INC.		
Principal Place of Business 901 EL RADO STREET CORAL GABLES, FL 33134		Mailing Address 901 EL RADO STREET CORAL GABLES, FL 33134
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	4. FEI Number 65-0831190
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent BRADFORD, JAMES N JR. 2100 W. 76TH STREET STE. 211 HIALEAH, FL 33106		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when releasing)</small>		DATE _____
FILE NOW WITH PER B 156000 AND MAY 1, 2003 FEE WILL BE \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGUINN, BRADFORD R 901 EL RADO STREET MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCGUINN, MOIRA 901 EL RADO STREET MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Bradford R. McGuinn</u> 4/29/03 <small>Signature, typed or printed name of signing officer or director Date</small>		

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CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)

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