

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/27

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90319 045 \*\*\*150.00

**DOCUMENT # 546432**  
 1. Entity Name  
**MCB ENTERPRISES, INC.**

Principal Place of Business <b>3165 NW 84 WAY SUNRISE FL 33351 US</b>	Mailing Address <b>3165 NW 84 WAY SUNRISE FL 33351 US</b>
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2. Principal Place of Business <b>3171 NW 84 WAY</b> Suite, Apt. #, etc. <b>NONE</b>	3. Mailing Address <b>3171 NW 84 WAY</b> Suite, Apt. #, etc. <b>NONE</b>
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City & State <b>SUNRISE FL</b>	City & State <b>SUNRISE FL</b>	4. FEI Number <b>59-1757251</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33351</b>	Country <b>BROWARD</b>	Zip <b>33351</b>	Country <b>BROWARD</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>MAZUR, MICHAEL 3165 NW 84TH WAY SUNRISE FL 33351</b>	7. Name and Address of New Registered Agent <b>8030 NW 46 CT LAUDERHILL FL 33351</b>
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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 MAZUR** DATE: **5-10-01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MAZUR, MICHAEL 3165 N W 84 WAY SUNRISE FL 33351</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MICHAEL MAZUR 8030 46 CT LAUDERHILL FL 33351</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST KRESSE, ROBERT F 3171 N W 84 WAY SUNRISE FL 33351</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 an other like empowered.

SIGNATURE: **MICHAEL MAZUR** DATE: **5-10-01** DAYTIME PHONE #: **954-741-2267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)