

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005889

1. Entity Name

MKCO INVESTMENTS, INCORPORATED

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90004 024 ***150.00

Principal Place of Business

ROYAL BANK OF CANADA TRUST COMPANY
C/O KENNETH GLOWES, MD. P.O. BOX N-3024
NASSAU, NP, BAHAMAS
OC

Mailing Address

ROYAL BANK OF CANADA TRUST COMPANY
C/O KENNETH GLOWES, MD. P.O. BOX N-3024
NASSAU, NP, BAHAMAS
OC

2. Principal Place of Business

ROYAL BANK OF CANADA TRUST CO

3. Mailing Address

ROYAL BANK OF CANADA TRUST CO

Suite, Apt. #, etc.

C/O VALERIE EDGEOMB P.O. BOX N-3024

Suite, Apt. #, etc.

C/O VALERIE EDGEOMB P.O. BOX N-3024

City & State

NASSAU, NP, BAHAMAS OC

City & State

NASSAU, NP, BAHAMAS OC

Zip

Country

Zip

Country

4. FEI Number

65-0700718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE PS
NAME KATZ, MARGOT
STREET ADDRESS ZURICHSTR. 52
CITY-ST-ZIP 8118 PFAFFHAUSEN SWITZERLAND ☐ Delete

TITLE T
NAME KATZ, NORMAN
STREET ADDRESS ZURICHSTR. 52
CITY-ST-ZIP 8118 PFAFFHAUSEN SWITZERLAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATZ, MARGOT 3/20/2001 0114112813432

Date

Daytime Phone #

CR2E034 (10/00)